University of Alberta

An Investigation of Body Image and its Relationship to Occupational Status for Adult Women

By

Andrea Thain Liptak ©

A thesis submitted to the Faculty of Graduate Studies and Research
In partial fulfillment of the requirements for the degree of Master of Science

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October 1, 2002

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Abstract

This study uses quantitative and qualitative research techniques to look at the prevalence of body image dissatisfaction in adult women, and to explore themes and issues around body image, and its relationship to occupation for adult workingwomen. In the quantitative phase, body size drawings were used to assess body image dissatisfaction in a sample of 121 women. Women who were not employed, who had children, with lower education, and with a poorer impression of their health reported greater body image dissatisfaction. Dissatisfaction did not vary with relationship status, or income. In the qualitative phase, 12 women with different occupations were recruited for semi-structured interviews. Factors that influence body image including negative verbal commentary, life events, daily experiences, society, and occupation were elucidated. A priori categorization of occupations did not reveal a relationship with body image although certain occupations did appear to be a positive influence on body image for some women.

Dedication

This paper is dedicated to my mom and dad, and my husband who have encouraged me, been patient with me, supported me and loved me throughout the process of completing this work. Without them and without the support of my friends and family this project would never have been completed or even maybe attempted. Thank you for everything. Jag älskar er.

This paper is also dedicated to the wonderful women who so generously gave of themselves for this project through their stories and their sharing. Their honesty and generosity were truly overwhelming and I thank each of them for the opportunity they gave me to know a small piece of who they are.

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Chapter 1
Introduction

In the mirror I see a woman.
What does she see?
Is she beautiful? Is she happy?
Yes…maybe… I think so.
What if I ask her tomorrow?

In my mind I have a picture of myself. It is a picture created by my perceptions, my assumptions, my emotions and my physical sensations. It is not constant, but changes with my moods, my environment, and my experiences. It is not always based on fact and does not always look like the person I actually see in the mirror. I am a woman and the picture in my mind is my body image. My body image is part of who I am and often drives decisions I make throughout the day, from what I eat, to what I wear, to how often and how hard I exercise. The 33 billion dollars spent annually by consumers in the United States trying to lose weight or avoid weight gain would suggest that I am not alone (Bureau of Consumer Protection of the Federal Trade Commission, 1997). I believe I am part of a very large population of women in the world today whose body image is highlighted by our culture to be a daily part of one's life experience.

Hollywood, models on magazine covers, and late-night infomercials for every beauty aid imaginable sell the image of an "ideal woman" that is, for most, completely unattainable. And yet we buy. We buy the magazines, we buy the products and we buy the message. A greater awareness of the physical, psychological, and financial costs for women of the eternal search for body perfection has paved the way for a large amount of research looking at body image in adolescent girls and university undergraduate women. With its focus on younger women, existing research is limited because it does not acknowledge that turning eighteen years of age, or graduating from university does not necessarily render a woman immune to the pressures to look a certain way, or be a certain size. Focusing on younger women and university students has also meant that there is very little research looking at the relationship between occupation and body image. In North America, the number of women who work outside the home is increasing, and the number of hours they are spending at work each day is also increasing. This creates the potential for workplaces to be a significant contributor to a woman's body image. It seems important, therefore, to explore the relationship between a woman's body image and her occupation.

Much of the current research in the area of body image is quantitative in nature. While useful, quantitative studies provide only part of the picture; what are missing are the body image stories of women themselves. Qualitative research offers tools to explore the stories. What shapes the picture a woman has of herself? What does it feel like to live with that picture? How does it affect her life? Body image, whether positive or negative, is an experience that cannot be fully captured through numbers and statistics. Qualitative and quantitative methods, however, do not have to be considered mutually exclusive. It is my hope that by incorporating both methods of inquiry, this research can fully benefit from the strengths of each research paradigm. As such, this research project is comprised of two phases. Phase 1 is a quantitative study designed to measure the level of body image dissatisfaction in a sample of adult women and to explore the relationship, if any between employment status and body image for these women. Phase 2 is a qualitative study designed to elucidate the themes and issues around body image for adult workingwomen, to further explore the relationship between body image and occupational status for these women, and to determine if this relationship is different for women in different occupations.

Purpose of the Study

In summary, the purpose of this study is to measure the level of body image dissatisfaction in a sample of adult women and to explore the relationship, if any between employment status and body image for these women, as well as to explore themes and issues around body image for adult workingwomen, and to determine if this relationship is different for women in different occupations. My goal is to gain insight and understanding into the body image dissatisfaction phenomenon that appears to be experienced so pervasively by women in our society that it is likely accepted by most as normal.

Significance

It is my belief that trying to understand the experience of body image and its influences and impacts on the lives of employed women could lead to more insightful and effective strategies to help women see themselves, and thus live their lives, in a more positive and healthy way. As well, exploring the workplace as a component of body image could open the door to including body image issues as an area for occupational health and employee wellness programs to address.

Chapter 2
Review of the Literature

In 1935, Schilder described body image as "the picture we paint of our own body which we form in our mind, that is, the way in which our body appears to ourselves" (cited in Offman & Bradley, 1992, p. 417). A person's body image is not necessarily a true reflection of the body as it objectively is, but rather one's subjective interpretation and perception of it (Rodriguez-Tomé, Bariaud, Cohen Zardi, Delmas, Jeanvoine, & Szylagyi, 1993). As such, body image is a complex phenomenon that has important relationships with self-concept, self-esteem, and personality (Berscheid, Walster, & Bohrnstedt, 1973). Body image is not static, but develops and changes over the life course, and may be influenced not only by individual factors such as age and ethnicity, but also by experiences, such as being teased during childhood, by the environment and by the reactions and expectations of others.[1]

Research suggests that body image consists of two components: (1) body percept, or accuracy of body size estimation, and (2) body concept, or degree of body image dissatisfaction (Silberstein, Striegel-Moore, Timko, & Rodin, 1988). In addition, researchers have become interested in maladaptive aspects of these two components. For example, body image dissatisfaction refers to a negative body concept, or feeling dissatisfied with the way one's body is perceived. Conversely, body image distortion refers to a discrepancy between the subjective body picture and the objective body reality. Such distortion is widely reported in populations with eating disorders (Moore, 1993). Unrealistic portrayals of the ideal body provided by the media and emphasized by society have also led to distortion and dissatisfaction of body image in non-clinical, nonobese samples (Cash, Winstead, & Janda, 1986; Rozin & Fallon, 1988; Altabe & Thompson, 1993, Garner & Kearney Cooke, 1997).

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[1] Influences on body image are discussed in greater depth in a later section of this chapter.

Prevalence of Body Image Dissatisfaction

Is dissatisfaction with body image so pervasive in our society as to warrant investigation? The editors of *Psychology Today* certainly think so, and results of their three body image surveys support their concerns. Not only do these surveys show that body image dissatisfaction is indeed a prevalent issue in our society, but they also indicate that it is becoming a very significant, and even a central life concern for an increasingly large portion of society, in particular, women. Appendix 1 provides a summary of various studies discussing the prevalence of body image dissatisfaction.

In 1973, Berscheid, Walster and Bohrnstedt published results of the first *Psychology Today* body image survey, to which 62,000 people had responded. The results of this survey revealed that 25% of women and 15% of men were dissatisfied with their overall appearance (see Figure 1). Thirty-eight percent of women respondents and 35% of male respondents reported dissatisfaction with body weight.

In a second survey conducted 13 years later, Cash et al. (1986) reported even higher rates of overall body image dissatisfaction (38% for women and 34% for men). There were also increased numbers of men (41%) and women (55%) expressing dissatisfaction with their weight. This analysis was completed using a 2,000 person sample, representative of the adult population of the United States for sex and age, selected from the almost 30,000 people who responded to the survey. Cash et al. (1986) suggest "people who choose to return a survey on body image are likely to care more than most adults about their appearance"(p.30). However, similar prevalence rates for body image dissatisfaction have been found in random samples of the population (Rozin & Fallon, 1988; Allaz, Bernstein, Rouget, Archinaud, & Morabia, 1998).

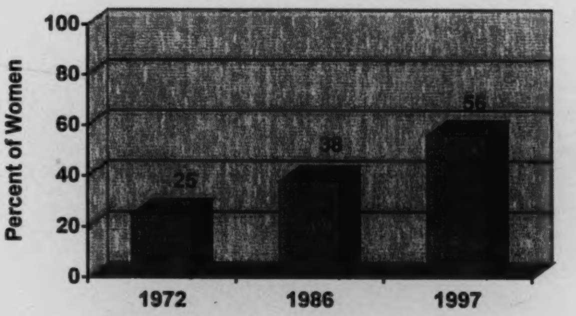

Figure 1. Rise in overall body image dissatisfaction among women from 1972 to 1997 as reported in *Psychology Today*

To further investigate trends in body image dissatisfaction, *Psychology Today* initiated a third body image survey. As was seen in the 13 years between the first and second surveys, there was a rise in body image dissatisfaction (Garner & Kearney Cooke, 1997). In 1997, over 56% of the women who responded to the survey and 43% of men expressed dissatisfaction with their overall appearance. Two-thirds of the women and 52% of men were unhappy with their current weight. Alarmingly, 15% of women and 11% of men said they would sacrifice 5 years of their lives to have their ideal body now. Further, 24% of women and 17% of men indicated that they would give up more than three years of life to achieve their ideal body. These are bold statements about the perception of worth of life if one is not thin, or does not fit the ideal. It can only be imagined what the responses would have been had the options of 10 or 20 years been offered. The fact that many women have already made this trade off between "ideal now" and "life later" is evidenced by the 50% of women who indicated they smoke to control their weight. For this survey, statistical analysis was completed on the first 4,000 responses, of which, 86% (n=3452) were women. Garner and Kearney Cooke (1997) suggest "the predominantly female response clearly says something about the stake women have in this topic" (p.32).

Body Image Dissatisfaction in Adult Women

In non-clinical samples, women's dissatisfaction with body image has been reported at all ages, from children to seniors (Wardles & Beales, 1986; Davis & Cowles, 1991; and Allaz et al, 1998). Over the decades since body image was determined to be an important part of self-concept (Hamachek, 1978) and therefore critical to the development of personality and self-esteem (Salokun, 1990), significantly more attention has been paid to body image distortion in adolescent and undergraduate females than to women during the rest of the lifespan. Certainly, adolescence and early adulthood are critical periods for the development of body image (Carroll, Gleeson, Ribsby, & Dugdale, 1985); however, there is considerable evidence suggesting that more mature adult women are not immune to social and cultural pressures to look a certain way or be a certain size (Rozin & Fallon, 1988; Ben-Tovim & Walker, 1994; Guaraldi, Orlandi, Boselli & Tartoni, 1995; and Allaz et al. 1998).

The literature on adult psychology reveals that feelings of independence and self-confidence increase with age (Helson & Moane, 1987). Increasing age has also been correlated with an increase in responsiveness to internal cues, including those related to eating (Datan, Rodeheaver, & Hughes, 1987). Greater self-confidence and the ability to listen to one's own internal messages about the importance of physical appearance and the definition of attractiveness, as opposed to pressures or stereotypes received from external sources such as the media would suggest that adult women should have healthier body images than their younger counterparts. This was indeed the conclusion drawn by Pliner, Chaiken and Flett (1990): that the importance of appearance decreased with age. Altabe and Thompson (1993) found that on a figure rating scale, the discrepancy between how women think they look and how they feel about their looks most of the time, or body image distortion decreased as a function of age in a population of undergraduate women aged 17 to 40 years. In the same sample, however, discrepancy between how they think they look and their ideal figure, that is, body image dissatisfaction, increased.

Other studies have found that body image dissatisfaction is pervasive and independent of age (Ben-Tovim & Walker, 1994; Guaraldi et al., 1995, Stevens & Tiggemann, 1998). In a study of 97 college-age children and their parents, Rozin and Fallon (1988) found that both mothers and daughters considered their current body shape to be heavier than their ideal. As well, both mothers and their daughters showed great concern with respect to weight and eating, and both age groups held the belief that men prefer much thinner women than was actually indicated by the men in the study. In another study looking at desired weight and eating behaviour in a sample of women aged 30-74, Allaz et al. (1998) found that 71% indicated a desire to lose weight. Seventy-three percent of those women wanting to lose were maintaining a normal weight. These numbers are much larger than the 52% of female undergraduate students that Ferroro and Rouget (1991) found wanted to lose weight. Interestingly, Allaz et al. (1998) also found an increased desire for thinness in more educated women.

The preceding studies strongly suggest that independent of body image distortion, body image dissatisfaction is prevalent among women of all ages. These are important findings considering that most of our lives are comprised of the years after we are 21.

This fact, combined with the fact that body image is not static, but rather develops and changes as life events and influences unfold suggests that investigation of body image in adult women is an important undertaking.

Determinants of Body Image

In order to understand body image dissatisfaction, researchers have examined factors that influence a woman's body image. The result is a long list of factors that may be determinants of body image development in women. A summary of the studies discussing determinants of body image is presented in Appendix 2. Body image development begins in childhood and can be influenced very early on. In the 1986 *Psychology Today* body image survey, respondents who reported being teased about their appearance as children were more likely to evaluate their appearance negatively (Cash et al., 1986). Subsequent research supports these findings. In a study of 146 female college students, Thompson and Heinberg (1993) found that negative verbal commentary, or teasing, was a predictor of body image dissatisfaction. Stormer and Thompson (1996) reported similar results in their survey of 162 female college students. In a study looking at the association between sociocultural factors and body image in female college students, Akan and Grilo (1995) found that the frequency of being teased, specifically about weight and size, was associated with body image dissatisfaction and problematic eating behaviours in both Caucasians and African-Americans.

Late childhood and adolescence is a critical period for development of body image (Carroll et al., 1985). Major changes associated with puberty require the construction of a new body image during adolescence (Rodriguez-Tomé et al., 1993). The development of female body shape, hair growth, changes in skin, menarche, and the development of new physical abilities for adolescent females inevitably lead to new feelings and attitudes about their bodies and the "picture" they have of themselves. Many of these changes are obvious, not only to the adolescent, but to others as well, and development of body image is influenced by the reactions of others to the changes during puberty. Other life stages and experiences that have been documented as influencing body image in women include pregnancy, a partner's opinion, the menstrual cycle and sexual abuse (Garner & Kearney Cooke, 1997).

Not all influences on body image are related to life experiences. Other predictors of body image dissatisfaction include characteristics such as culture and age. Akan and Grilo's (1995) study of female college students assessed the association between sociocultural factors, eating behaviours and body image in three cultural groups: Caucasian, African-American and Asian-American. They found that cultural factors influence body image. While the African-American women had significantly higher Body Mass Index[2] than the Caucasian or Asian-American women, Caucasians had higher levels of disordered eating and dieting behaviours, and body image dissatisfaction than both the African-American and Asian-American women, who reported similar results. In order to further examine the influence of ethnic group as well as family status on body image and eating behaviour, Ogden and Elder (1998) surveyed a group of women comprised of 50 Asian mothers and daughters and 50 Caucasian mothers and daughters. Their results indicated that Caucasian subjects preferred a thinner ideal compared to Asian subjects. In addition to having higher levels of restrained eating and greater concern for the calorie content of food, Caucasian daughters showed significantly greater body image dissatisfaction than the other three subject groups. It is possible that Caucasian daughters identify more readily with the young, predominantly white, media role models, and that being older and non-white may be protective against these influences (Ogden and Elder, 1998). As was discussed earlier, however, age is not necessarily a predictor of improved body image satisfaction. Research in this area reveals conflicting results, with some studies indicating increased body image satisfaction with age and others finding decreased satisfaction.

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[2] Body Mass Index (BMI), or Quetelet's index is considered a good index of total body fat. BMI is calculated as weight (in kilograms) divided by height (in meters) squared (Groff, Gropper and Hunt, 1995).

In the results of their body image survey, Garner and Kearney Cooke (1997) reported the importance for women of achieving an ideal weight. Research indicates, however, that it is not actual body weight per se, but possibly attitudes toward body weight that influence body image dissatisfaction. In a study of 1225 women (ages 16-65), Ben-Tovim and Walker (1994), found that when the body attitudes of women whose BMIs were over 30 were compared to body attitudes of subjects whose BMIs were 25-30, the only statistically significant difference between the groups was on the attractiveness subscale. Attitudes related to feeling fat and body disparagement were consistent across the groups. Monteath and McCabe (1997) also reported the importance of attitudes on women's body image.

> Although body image is composed of perceptions and attitudes, attitudes (have) the most pervasive influence on a woman's body image. Indeed, a woman's self-reported body attitudes predicted both perceptual distortion and satisfaction with body size. This finding is important because it suggests that negative body attitudes are the cause of high levels of body image disturbance among women in Western society (p.724).

But why do women develop negative body attitudes? Why do children tease others about appearance and weight? Why are some cultures more susceptible to negative body image than others? Who decided what weight is ideal? Underlying many of the determinants of body image is the influence of society:

> The sociocultural approach has perhaps the most widespread support and is based on the belief that societal factors … offer powerful messages regarding the (un) acceptability of certain physical attributes (Stormer & Thompson, 1996, p.194).

Deviation from the societal ideal is a significant predictor of dissatisfaction with body size (Monteath & McCabe, 1997). Social comparison, or the frequent comparison of self to an ideal or to others, also puts people at a greater risk of body image dissatisfaction (Thompson & Heinberg, 1993; and Stormer & Thompson, 1996). Research suggests that the ideal Western female body is ectomorphic, or thin (Butler & Ryckman, 1993; and Page & Allen, 1995). Females in our society are faced with the pressures of attaining an "ideal" body. Images of the ideal are sold through the media as a standard and have placed unrealistic pressure on women to look a certain way. Research indicates that in general, women feel they do not meet the ideal standard for weight and size (Fallon & Rozin, 1985; Tiggemann, 1992). In a survey of 101 female university students, Monteath and McCabe (1997) reported that 96% of the women perceived themselves to be larger than the societal ideal. This ideal obviously played a strong role in shaping the women's attitudes as 94% of the sample expressed a strong desire to be smaller than their current perceived size, that is, closer to the ideal. Some researchers suggest that more important than simple awareness of societal pressures to be thin is the internalization or acceptance of these beliefs (Cash et al., 1986; and Stormer & Thompson, 1996). Acceptance of an unrealistic, and for most, an unattainable societal ideal has placed women in a difficult position in terms of achieving body satisfaction. "To the extent that women internalize a relentlessly thin standard to determine their attractiveness, they are left with two chances for a good body image, slim and none"(Cash et al., 1986, p.34). In the face of such a bleak picture, an increasing number of women are finding themselves dealing not only with body image dissatisfaction from not meeting the societal ideal, but also with potential consequences of the resultant negative body image.

Consequences of Negative Body Image

Dissatisfaction with body image and unsuccessful attempts to attain an ideal body can have serious consequences for women. A healthy body image is important because it affects all aspects of life including emotional and psychological well-being, interactions with others, self-confidence and self-expression, and eating and exercise habits.

Depression was not discussed as a determinant of body image although there is some evidence to suggest that depressed people may exhibit poorer body image than people who are not depressed (Noles, Cash & Winstead, 1985). However, the direction of the relationship between depression and body image is not completely understood. More likely than not, the relationship is bi-directional. That is, depressed subjects may be more prone to poorer body image, and poorer body image may lead to increased levels of depression. In their study of college age males and females, Noles et al. (1985) found that individuals with a poorer body image reported greater depression than did individuals with moderate and/or high levels of body image. These results are consistent with the work done by Marsella, Shizuru, Brennan, and Kameoka (1981), who found that depressed subjects reported higher dissatisfaction with individual body parts as well as with overall appearance. Noles et al. (1985) suggest that perhaps persons with poor body image have a greater predisposition to depression than do people with satisfactory or positive body images.

Self-esteem is another factor that seems to both influence body image and be affected by body image. Low self-esteem has been associated with greater levels of problematic eating and body image dissatisfaction (Akan & Grilo, 1995) and is thought to be a possible mediator of the relationship between societal factors and body image (Monteath & McCabe, 1997). Lennon, Lillethon and Buckland (1999) found that subjects with high self-esteem reported less social comparison and less body image dissatisfaction compared with low self-esteem subjects. However, other studies have investigated the reverse of this relationship and indicate that a low level of body esteem[3] is associated with vulnerability to depression, anxiety and low self-esteem (Denniston, Roth & Gilroy, 1992; Jackson, Sullivan, & Rostker 1988; and Mintz & Betz, 1986). Berscheid et al. (1973) reported that body image was strongly related to self-esteem: above average self-esteem was reported by only 11% of women with below average body image satisfaction, compared to 50% of women with above average body image satisfaction. It is obvious that there is a relationship between self-esteem and body dissatisfaction, especially for Caucasian women who appear to be the most likely to change their appearance as a way of trying to improve their self-esteem (Henriques & Calhoun, 1999). This elevated drive to improve appearance is thought to lead to dietary restraint, and ultimately, in some cases, to symptoms of eating disorders (Henriques & Calhoun, 1999).

Research indicates that anorexia and bulimia can result from a negative body image (Garner & Kearney Cooke, 1997; and Henriques & Calhoun, 1999): "Eating disorders occur when a person's intense preoccupation with their "fatness" leads them to extreme measures to control their weight" (Garner & Kearney Cooke, 1997, p.75). In the

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[3] Body esteem refers to the affective component of body image or the feeling one has about one's body (Franzoi and Shields, 1984).

1997 *Psychology Today* body image survey, 84% of women reported having dieted to lose weight and a large number of those said they had resorted to extreme and dangerous measures, such as diet pills, laxatives, diuretics and vomiting, to control their weight (Garner & Kearney Cooke, 1997). Recent statistics suggest that in the United States 33-40% of adult women are trying to lose weight and another 28% are working to maintain their weight (Lindeman, 1999). Most diets are short-lived and futile, with almost all the weight lost being regained within 5 years (Lindeman, 1999). Further, chronic dieting can have serious psychological consequences:

> When deprived of food, both humans and animals show heightened emotional responsiveness, cognitive disruptions such as distraction, and a focus on food and eating. When the food restriction is lifted, there is often a tendency toward excessive eating or even bingeing (Lindeman, 1999, p.1136).

Davis et al. (1995) developed a model of the reciprocal relationship between starvation, exercise and obsessive compulsiveness and have hypothesized that these variables together can potentiate one another in a destructive cycle that is self-perpetuating and resistant to change. A woman in this situation is at high risk for developing an eating disorder. In an analysis of the costs and consequences of trying to attain the ideal weight, Lindeman (1999) discusses the financial, psychological and physiological costs of an eating disorder with the ultimate cost being that of life itself.

Body Image and Women in the Workforce

> Work has long been viewed as a central aspect of peoples' lives. It determines their daily activities, the rhythm of their days, the people they meet, and the relationships they form. In addition, work largely defines a person's class and status in the social structure (Feldberg & Glenn, 1982, p.65).

The reported increase in women aged 15-and-over who are in the labour force is one of the most significant trends in the Canadian labour market over the past 2 decades

(Worklife Report, 1993). Analysis of the data from the 1991 Census of Population reveals that in 1991 the participation rate for women in the work force was 60 percent, compared to 40 percent in 1971 (Worklife Report, 1993).

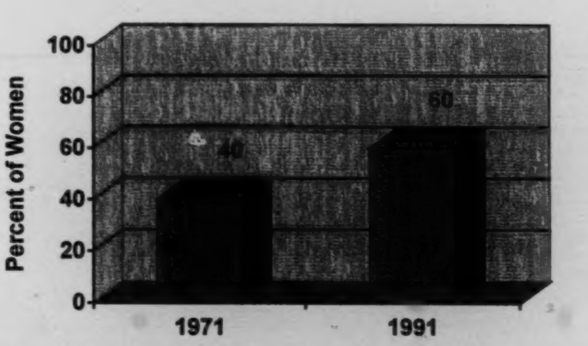

Figure 2. Participation rates (percent) for Canadian women in the workforce (Worklife Report, 1993)

Overall, women represented 45% of the workforce in 1991, up from 35% in 1971 and, of all the women who worked in 1990, 45 percent worked full time, year round (Worklife Report, 1993). More recent data suggest that this increasing trend has not subsided. For adult women in the 12 months ending in August 1999, employment rose by 3.1 percent, with full time jobs up 3.4 percent and part-time employment up 2.0% (Worklife Report, 1999). Trends in the United States are similar; between 1978 and 1998, average annual hours of paid employment for women (ages 25-54) rose 41 percent. Further, workingwomen in 1998 averaged almost 4 more weeks of paid work over the course of the year than did workingwomen in 1978 (Cohen & Bianchi, 1999). An increased presence in the workforce has not brought with it increased or equal financial recognition for women. In 1996, women earned only 69.8% of what men earn (Cornish, 1996). Further, women, along with racial minorities, aboriginal peoples and people with disabilities, face several disadvantages in the workplace including: discrimination in finding and retaining jobs and in being promoted; under-representation in most areas of employment, especially senior and management positions; and over-representation in areas of employment that provide low pay and little chance for advancement (Cornish, 1996).

Women's Work and Health

In general, research looking at employment and women's health has found employment to be beneficial to the health of women when compared with unemployed women (Hibbard & Pope, 1985; Adelmann, Antonucci, Crohan, & Coleman, 1990; Aston & Lavery, 1993). However, evidence suggests that employment may have both positive or negative and direct or indirect effects on women's health (Hilfinger Messias, Im, Page, Regev, Spiers, Yoder, & Meleis, 1997), depending in part on job status (Frankenhaeuser, 1991), attitude toward employment and characteristics of the job, and marital and parental status (Repetti, Matthews & Waldern, 1989).

A number of models have been used to try and explain the relationship between women's work and health. The stress and overload model is based on the assumption that energy spent in one role decreases the energy available for others (Hilfinger Messias et al., 1991). Most women have multiple responsibilities. In addition to work responsibilities, employed women continue to do the majority of childcare and work in the home (Chester & Grossman, 1990). This model predicts that as women enter the workforce, other areas of their lives, including their health, will suffer negative consequences (Rodin, 1991). Wortman, Biernat, and Lang (1991) reported that job overload for women was associated with increased marital strain, decreased satisfaction with sex, increased depression, and increased psychiatric symptoms.

Multiple responsibilities result not only in feelings of overload for workingwomen, but also puts them in a position of role conflict. In a study of professional husbands and wives, Wortman et al. (1991) found that over 75 percent of the sample reported experiencing conflict between their work and family roles every day. Husbands experienced significantly less role conflict, and underestimated the extent to which their wives reported experiencing role conflict. Experiencing work and family role conflict requires making choices about role commitment and priority that can lead to depression in women. Light (1984) investigated the differences in women's anxiety, depression, and hostility levels according to their perceived career and family role commitment. Women who indicated that their families had priority over their careers reported lower levels of anxiety, depression and hostility compared to women who placed their careers over their families. In a similar study, Napholz (1995) categorized women as being committed to, (1) work first, (2) relationship first, or (3) work equals relationship. The Work equals Relationship group and the Work First group had significantly higher mean depression scores than did the Relationship First group. These studies support the work of Pearlin, Menaghan, Lieberman and Mullan (1981), who linked role conflict not only with stress and depression, but also with self-concept.

Social support is a key factor of the workplace environment that can be an important determinant of psychological and physical well being for women. In their review of the effects of employment on women's health, Repetti et al. (1987) suggested that a supportive social environment is beneficial to the health of employed women. Satisfaction with social support has been associated with high quality of life in both married and unmarried women, high self-esteem in married women and low depression for unmarried women (Aston & Lavery, 1993). In a study looking at characteristics of employment that influence health, Hibbard and Pope (1985) found that women in jobs with a high degree of social support had better health indicators including average annual hospital days, self-reported health status and mental health index. The degree of social support varies for different occupations. In a study of Swedish workers, Frankenhaeuser (1991) found that, compared to women in management positions, women in clerical positions felt they received more social support at work. Hibbard and Pope (1985) reported that occupations scoring highest on social support were professionals and clerical/sales workers. Those lowest on social support were craft workers, service workers, managers, and labourers.

A number of other characteristics of the workplace that could potentially affect women's psychological well-being have been identified. From a qualitative study of gender and the workplace environment, Hale (1999) identified key issues for women including internalization and identity, and power versus powerlessness. Internalization and identity encompasses the process by which individuals make judgements on themselves based on the way they perceive others judge them (Hale, 1999). Half of the women in Hale's (1999) investigation revealed feelings of invisibility, isolation, and feelings of irrelevancy and marginalization in the workplace. The issue of power and powerlessness was also important to the women, and discussions included women's sense of being devalued or disempowered.

This review of the literature on women's work and health reveals two limitations. First, when judgements are made about employment being beneficial to health, more often than not, employed women are being compared to unemployed women and not to other employed women. Thus, the relative impact of different types of jobs on women's health status has not been extensively explored. Second, even though the literature has examined characteristics of employment and the workplace environment such as social support, depression, stress, and self-concept, links between occupation and body image have generally not been explored. The same is true for the literature relating to body image: only one study of those reviewed here included occupational status as a predictor variable. Including occupational status is often not possible, as the majority of samples for studies of body image have looked at younger women and university undergraduates.

Revisiting the trends, it can be seen that the prevalence of body image dissatisfaction among adult women is rising. Similarly, the number of workingwomen, and the number of hours they are working is also increasing. With more and more time being spent at work, it seems logical that the potential for the workplace to be a significant contributor to a woman's self-concept, and therefore to her body image is increasing. In an age where image sells, it is quite likely that women may be under increased pressure at work to fit a certain image, to sell themselves and the company or products they represent. This may or may not be the case for all occupations, or for all women in any given occupation. There are a number of occupations where a relationship between body image and occupation might be expected for women, including hairdressers, beauty consultants, fitness instructors, sales people, and receptionists. These are jobs where "image" is typically a predominant feature of the job. Many professionals, including lawyers and chartered accountants must also convey a certain image to the public. Therefore, even though there may be more emphasis on credentials for professionals, there could certainly be a relationship between body image and occupation for these women. What is difficult is to identify occupations where a relationship between body image and occupation would not be expected. Included could be jobs such as teachers, professors, ministers, tele-marketers and home-based business operators, where maintaining an ideal image is not necessarily central to success.

With very little research in this area, it is not completely clear (1) whether there is a relationship between occupational status and body image, (2) whether this relationship varies for different occupations, or (3) what the body image experience is for adult workingwomen.

Objectives for the Study, Hypotheses and Predictions

The overall goal of this research is to broaden our understanding of body image as it is experienced by adult workingwomen. As a part of this investigation, the specific objectives are to:

1. Determine the level of body image dissatisfaction in a sample of adult women;
2. Explore whether there is a relationship between employment status and body image satisfaction in adult women,
3. Explore the themes and issues around body image for adult, workingwomen, and
4. Examine the relationship between occupational status and body image satisfaction for a sample of adult women employed in one of three occupational categories.

Hypotheses

With regard to specific objective 1, I hypothesize that this research will, as past research has, reveal that a majority of the women surveyed exhibit body image dissatisfaction.

With regard to specific objective 2, I hypothesize that women who are employed will report a lower level of body image dissatisfaction than women who are not employed.

The third and fourth specific objectives are exploratory and descriptive, and are consistent with hypothesis generation, rather than hypothesis testing. However, with regard to specific objective 4, I predict the following:

a) For occupations that are frontline and where image is a predominant feature of the job (e.g. hairdressers, fitness instructors, salespeople) there is a relationship between body image and occupation;

b) For occupations that are not frontline, but where image is still likely a predominant feature of the job (e.g. doctors, lawyers, accountants), a relationship between occupation and body image probably exists; and

c) For occupations that are not frontline and where image is not likely central to success (e.g. teachers, professors, home-based business owners, ministers), a relationship between occupation and body image does not exist.

Chapter 3
Research Methods

Overview

Research is an undertaking through which we strive to increase our knowledge of the world. The research process allows us to do two things: test theory that already exists, and build new theory in unexplored areas. These different purposes for conducting research have resulted in different types of research and different approaches to it. Research methodology refers to the way in which we approach problems and seek answers. Which methodology we choose is shaped by, as stated above, our purpose, as well as our assumptions, interests and perspectives (Taylor & Bogdan, 1984). Two major theoretical perspectives have dominated the research world: positivism and phenomenology (Duffy, 1985). These two research paradigms represent, respectively, quantitative and qualitative approaches to research. All members of the scientific community seem to agree on at least four general principles:

> The boundaries of science extend across space and time, "knowledge" should be treated seriously, developed systematically, and aired in a public forum where criticism and reflection are encouraged and valued (Palys, 1997, p.11).

Beyond these principles, however, there seems to be much debate about the fundamental foundations of research methodology between those who align themselves with qualitative research and those who align themselves with quantitative research.

Qualitative and quantitative methods are two discrete approaches to gaining knowledge and understanding. Debates between those who practice quantitative research and those who adhere to qualitative methods are based on the differences in basic assumptions underlying each paradigm. However, Becker (1996) suggests that the similarities between the two types of research are more significant than the differences as both groups are searching for an understanding of how society works:

> Practitioners of qualitative and quantitative methods may seem to have different philosophies of science, but they really just work in different situations and ask different questions (p.65).

Qualitative and quantitative methods do not have to be considered mutually exclusive. Each method can inform the other. Quantitative research can be extended to include variables outlined in qualitative work, or used to help answer specific questions that arise out of qualitative inquiry, for example, how widespread a phenomenon is, or who is most likely to experience a given phenomenon. Similarly, qualitative research can further explore the results of quantitative inquiry by, for example, exploring the direction of a relationship determined through quantitative research. Palys (1997) suggests that we can go further than simply picking one method and being informed by the other:

> Researchers, by acknowledging the benefits of incorporating both methods of inquiry into one piece of research, can fully exploit the strengths and overcome the limitations of each research paradigm (p.29).

Research Methods for the Study

As indicated in the introduction, this research project is comprised of two phases. Phase 1 is a quantitative study designed to measure the prevalence of body image dissatisfaction in a sample of adult woman and to explore the relationship, if any between occupational status and body image for these women. Phase 2 is a qualitative study designed to elucidate the themes and issues around body image for adult women, to further explore the relationship between body image and occupational status for these women, and to determine if this relationship is different for women in different occupations.

Phase 1: The Quantitative Study

Research Design

Most of the data and the survey content for the quantitative component of this study came from a larger study being conducted by researchers from the University of Alberta. *Nutrition Education for Social Change: Women and Body Image* is a longitudinal study of adult women designed to develop and evaluate an innovative model of nutrition education for social change to address body image and nutrition behaviours of women. The project involved administering nutrition education programs to women randomly assigned to one of three conditions: an empowerment model for social change, a traditional psycho educational program, or a control group. Surveys were administered to all three groups of women at baseline, post-intervention, and 6 months post-intervention.

This study, which is cross-sectional in nature, is a secondary analysis of the baseline data collected from the first group of women recruited for the *Nutrition Education for Social Change: Women and Body Image*, as well as data collected from the women interviewed for Phase 2.

Procedures

Participants

Adult women (ages 20 to 60 years old) were identified as the target population. Respondents were recruited via community organizations and by word of mouth. The principal strategy for recruitment was the placement of posters in diverse community locations including public libraries, community centres, churches, women's centres, large companies, coffee shops and at the university. The recruitment poster read as follows:

> You are invited to take part in a program focusing on improving women's body image. This program is part of a research project on women and body image. We are looking for healthy women between 20 and 60 years of age. Interested in learning more about this program or in becoming a participant? Call....

Women who responded to the poster were screened for eligibility (being between the ages of 20 and 60 years, not being pregnant or having a child under one year of age, and not having an eating disorder). During this process many women indicated other women who might be interested and those women were then contacted either by the participant or by the study coordinators.

Data collected from the women recruited for the second phase of this study are also included in the quantitative sample. These women were also recruited using posters, as well as by word of mouth. This process is discussed further in the Methods section for Phase 2.

Instruments

All quantitative data was collected using a short survey. To meet the study objective of determining whether or not a relationship existed between employment status and body image dissatisfaction for this sample of women, the survey was designed primarily to capture employment status and a basic measure of body image dissatisfaction. In addition to employment status, demographic information including relationship status, income and education levels, and having children or not was also collected. As very little of the research reviewed here included employment as a variable, it was thought that including other demographic variables would allow for some comparison between the current research and the reviewed literature. Finally, given the links in the literature between work and health, it was determined to also measure each woman's impression of her own health.

For the demographic variables, current employment status was assessed using two categories: employed and not employed; education was graded on five levels (1 = grade 9 or less, to 5 = university degree); and household income was measured on seven levels (1 < $20,000/year, to 7 ≥ $70,000/year). Impression of health was assessed on five levels (1 = poor, to 5 = excellent)

A body figures scale was used to determine body image dissatisfaction. With this instrument, body image dissatisfaction is measured as the discrepancy between perceived current and ideal body shapes. This body figures scale includes 9 figure drawings ranging from very thin (1) to very heavy (9). Subjects were asked to select a figure that represents an approximation of their current figure, as well as one that represents an approximation of their ideal figure. The difference between the score for current body image and the score for ideal body image is the index of body image dissatisfaction. A larger difference indicates a larger degree of dissatisfaction. This tool has good psychometric properties and test-retest reliabilities: current and ideal ratings 0.83 and 0.71 respectively (Thompson & Altabe, 1991), and has been used extensively in the literature for measuring body image dissatisfaction (Rozin & Fallon, 1988; Silbertsein et al., 1988; Thompson & Altabe, 1991; and Cohn & Adler, 1992). There are certainly a number of different techniques for measuring body image and dissatisfaction (Ben-Tovim & Walker, 1991) however it has been argued that as a global measure of body image dissatisfaction, body size drawings are the most useful (Altabe & Thompson, 1992).

Data Analysis

Survey data were entered into SPSS for statistical analysis. Descriptive analysis including means, frequency distributions and proportions were conducted to summarize the data. Inferential analysis was conducted for the categorical variables (employment status, marital status, and presence of children) using the *t* Test. Two-tailed *t* tests were completed to compare the mean level of body image dissatisfaction for each sample grouping (e.g. employed versus not employed). Correlations between mean body image dissatisfaction and the continuous variables (income level, education level, and impression of health) were calculated using Pearson correlations. Results of the analysis are presented in the Results and Discussion section of this paper.

Phase 2: The Qualitative Study

Research Design

Semi-structured interviews were used to explore issues relating to body image and occupation. Interviews were chosen rather than focus groups due to the personal nature of the topic. It was believed that women would be more open and honest about their body image and its relationship, if any, to their occupation in a one on one situation. The specific objectives in the interviews were: (1) to explore the relationship between occupation and body image for women in different occupations and (2) to explore the direction of the relationship between body image and occupation. The original interview guide included questions about: (1) body image (perceived weight, desire to gain or lose weight, body image satisfaction, development of body image, and life and occupational events that have altered body image); (2) occupational environment and experiences (occupational stereotypes, social support, stress, role conflict, depression, perceived norms for weight according to occupational roles); and (3) the relationship between these variables (Appendix 7).

During the first three interviews using the above outlined interview guide I felt as though the discussion of body image as it relates to occupation was forced, as though a relationship was being presumed where possibly one did not exist. Many of the questions seemed difficult to answer and the responses were not providing the type of information I was looking for. As such (and conveniently so, as technical errors meant that two of the interviews could not be transcribed verbatim) these interviews were considered as pilots and the interview guide was reworked to be less structured (Appendix 8). This adapted interview guide included general questions surrounding personality, body image, occupational environment and experiences, as well as society and its role in shaping a woman's body image. More specific, unique and in-depth topics were explored as participants brought them into the conversation. This allowed for the elucidation of themes and issues relating to body image for adult workingwomen without insinuating an existing relationship between occupational status and body image.

Procedures

Participants

Adult workingwomen (ages 20 to 60 years old) were targeted by occupation and recruited to volunteer for in-depth tape-recorded interviews in Red Deer, Alberta.

To meet the objective of looking at the influence of different occupations on body image for adult workingwomen, the initial design for this project included three occupational categories, as well predictions about the expected relationship to body image for each category. The categories were: (1) jobs where a relationship between occupation and body image is expected, including for example hairdressers, fitness instructors, and other front-line occupations (frontline, high image); (2) jobs where a relationship between occupation and body image would not be expected, but probably exists, including for example, healthcare professionals and other professionals such as lawyers and entrepreneurs (not frontline, high image); and (3) jobs where a relationship between occupation and body image is not expected, including for example teachers, ministers and other less image central occupations (not frontline, low image). These occupational categories were established based on the perceived importance of image as a central element for success in any given occupation. This perceived level of the importance of image in different occupations was based on my own assumptions, observations and understanding of image and its role in occupation for the women I have encountered and known throughout my life. There is most certainly a body of existing literature that looks at the image component of different occupations and it should be noted that no such literature was considered for the design of this project.

Looking at this research design, it would appear that the relationships between body image and different occupations were predetermined. This was obviously not an appropriate approach to take for conducting qualitative research. However, in looking back over the research process for this phase of the study, it is obvious that in practice, the occupational categories served not to shape the research outcomes, but rather to frame the recruitment process and to ensure that the experiences of women in a variety of different occupations could be captured and contrasted. While a preconceived plan may have determined the occupations within which the participants would have to be working to participate, no preconceived notions were carried into the interviews, nor did the structured interview questions vary by occupation; the occupational categories played no role beyond directing the recruitment process.

Snowball sampling (Palys, 1997, p.139) was initiated by contacting women known to myself who were in occupations identified within the categories listed above. These women were asked to identify potential interview participants. I then approached any women who expressed a desire to participate. The participant selection process was also aided by the placement of recruitment posters at various locations around town (Appendix 5). Using posters, however, was not effective and most of the women were recruited through friends and colleagues. An attempt was made to interview 4 women within each occupation category, for a total of 12 interviews.

Data Collection Methods

Once women were recruited, interviews were conducted at a place and time of their convenience. Before each interview, participants were assured of their confidentiality and procedures for maintaining confidentiality were reviewed where necessary. Participants gave informed consent to participate in the study (Appendices 3 & 4).

The participants in this phase of the project are all employed women between 20 and 60 years of age. A total of 14 interviews were conducted. Due to technical difficulties in two interviews, only 12 verbatim transcripts were available. However, field notes from the two un-transcribed interviews provided valuable insight into the perspectives of those women. All of the interviews were conducted individually between October 2000 and October 2001.

In order to establish rapport, general conversation as well as a description of my background and my reasons for pursuing this type of project preceded the formal component of the interview. Interviews lasted between 45 and 90 minutes depending on the amount of discussion and were held at a time and place convenient and comfortable for each participant. Interviews were tape-recorded using a micro-cassette recorder and where possible, transcribed verbatim. As indicated earlier, two interviews could not be transcribed due to technical difficulties during the interviews. Only numbers were used to identify tapes and transcripts of tapes. Any identifying information was blacked-out on the transcripts during the preliminary read through. The original typed notes and tape recordings were stored in a secure place and were available only to the investigator.

Data Analysis

Field notes and comments were recorded by the interviewer after each data collection activity, and included comments relating to analysis, method, interview context, and data quality. Available interview tapes were transcribed verbatim. Transcribed interviews and accompanying field notes were described and unitized to look for patterns and categories to describe the data and explore relationships (Patton, 1980, Lincoln & Guba, 1985). The process for data analysis was as follows (Bailey, 1997):

1. All transcripts and field notes were thoroughly read numerous times to achieve an understanding of the experiences and information provided.
2. Organization of the data began during the initial readings of transcripts and field notes by making notes and comments with preliminary ideas on categories and theme areas.

3. The transcripts were then divided into discrete segments of expressions of the participant's experiences and thoughts. Lincoln and Guba (1985) describe this process as unitizing. Units are sentences or phrases that served as the basis for the categories.
4. Once the data were unitized, units were sorted into categories or themes using the method of constant comparison (Lincoln & Guba, 1985, and Straus & Corbin, 1990) to arrive at a set of categories that were internally consistent (Bailey, 1997).
5. Finally, categories were explored for emerging patterns that describe the themes and issues surrounding body image as the women who were interviewed experience it.

The process of data analysis in qualitative research is subjective, thus there is always a question of the trustworthiness of conclusions that are drawn from qualitative data. It is important to take steps throughout the analysis process that allow verification of the emerging results. For this project, an initial step in the verification process was in the categorizing of the data. Unitizing occurred by reading all of the transcripts and highlighting phrases that conveyed a single thought or idea. The second step was to reread all of the transcripts and transfer these units onto individual cards. On a large table (where the cards could remain out for an extended period of time), the cards were sorted into categories of phrases that seemed to express similar thoughts or concepts. When the sorting process was completed the categories were named, the cards in each category were recorded, and the number of cards in each category was noted. Approximately two weeks later this process was completed a second time. Results of the two sorts were compared for consistency and decisions about important categories were made based on both the consistency of the category from one sort to the next, as well as the resulting number of units within each category. Themes emerged from the most consistent categories with the most number of units per category. A third step in the verification process was to review results of the data analysis with participants. This process was undertaken with two participants: one through informal discussion, and one through a more formal second interview. These encounters confirmed that the analysis process was on track with regard to these participants' thoughts and feelings from their interviews. In addition to verifying analysis results with two participants, verification was also done by consulting with research colleagues throughout the analysis and interpretation processes. As a final check, throughout the process of writing the analysis, discussion and conclusion sections of this paper, the interview transcripts, data unit cards, and category outlines were constantly revisited to confirm context and meaning and to ensure accuracy and trustworthiness of the reported results.

Chapter 4
Results

Phase 1: Quantitative Data

Description of the Sample

A sample of 121 women completed quantitative surveys (n = 121). Sixty-nine women (57.0%) reported being married, living common law, or being in a committed relationship and 52 women (43.0%) reported being widowed, divorced, or not in a relationship (single). For the 119 women who reported their occupational status, 34 women were not employed (i.e. homemaker, retired or disabled, unemployed, or other), and 85 women were employed either full, or part-time. Fifty of the women surveyed reported having no children with 70 women having one or more children. Education level and household income for the sample are reported in Tables 1 and 2. Over 97% of the women surveyed had completed a high school diploma with 43.3% of the women having completed a university, graduate, and/or post- graduate degree. Forty-two percent of the women surveyed live in households where the annual income is $50,000 or greater per year.

Table 1. Education level for the Sample as a Whole

Education Level	Number of Women	Percent
Grade 9 or less	1	0.8
Some high school	2	1.7
High school diploma	33	27.5
Some University	32	26.7
University/Post-Graduate Degree	52	43.3
Total Missing = 1	120	100.0

Table 2. Income level for the Sample as a Whole

Household Income Level	Number of Women	Percent
< $20,000 / year	14	11.7
$20,000 - $29,000 / year	17	14.1
$30,000 - $39,000 / year	27	22.5
$40,000 - $49,000 / year	12	10.0
$50,000 - $59,000 / year	14	11.7
$60,000 - $69,000 / year	12	10.0
$70,000 or greater / year	24	20.0
Total Missing = 1	120	100.0

In addition to demographic information, the women were asked to indicate how they feel about their health as well as to reflect on how they currently think they look and how they would like to look. Figures 3 and 4 show the body shape figures and the number of women who indicated each as their current and ideal body shape. Two-thirds of the women indicated that they feel body figures 5 through 9 represent how they currently look while only 8 women (6.6%) indicated that their ideal body shape would be body figure 5. No women selected any shape larger than body figure 5 as their ideal body shape. On the impression of health scale, 3 women felt their health was poor, 8 fair, 42 good, 53 very good and 14 women felt their health was excellent.

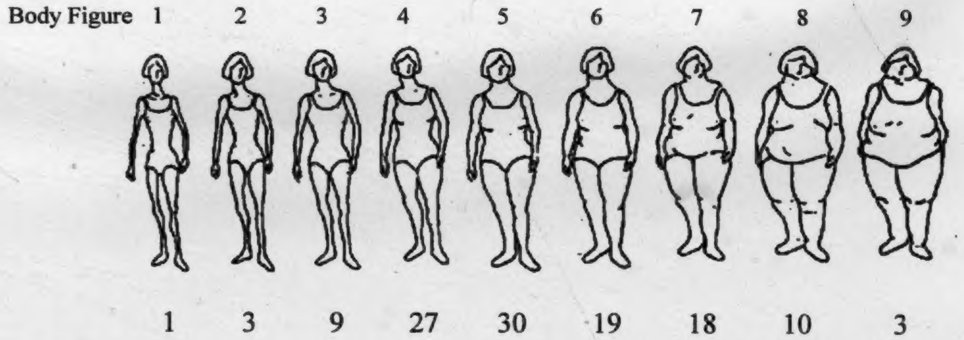

Figure 3. Number of women indicating each figure as her current body shape

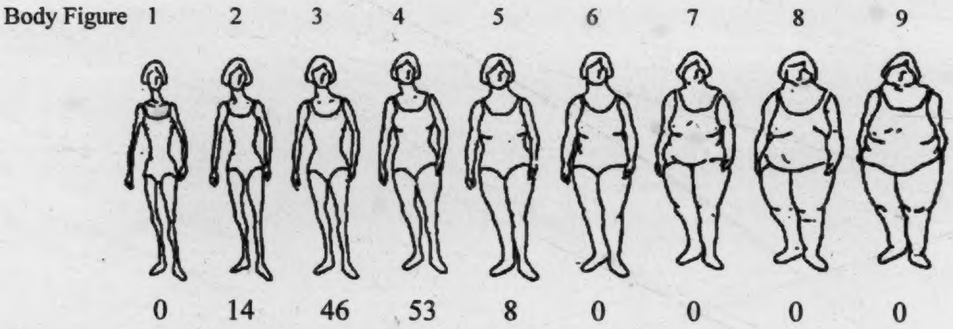

Figure 4. Number of women indicating each figure as her ideal body shape

Using this tool, body image dissatisfaction was calculated as the difference between a woman's current perception of her physical body and her ideal body. For example, if a woman selected figure 6 as her current body shape and figure 4 as her ideal body shape, that is a body image dissatisfaction measure of 2. For these women, body image dissatisfaction ranged from a measure of zero to a measure of 6. Assuming any desire to change represents some degree of dissatisfaction (i.e. any measure ≠ 0), 90.9% of the women surveyed exhibit some degree of body image dissatisfaction. 58.7% of the women indicated body image dissatisfaction greater than one. Figure 5 shows the percent of women for increasing levels of body image dissatisfaction.

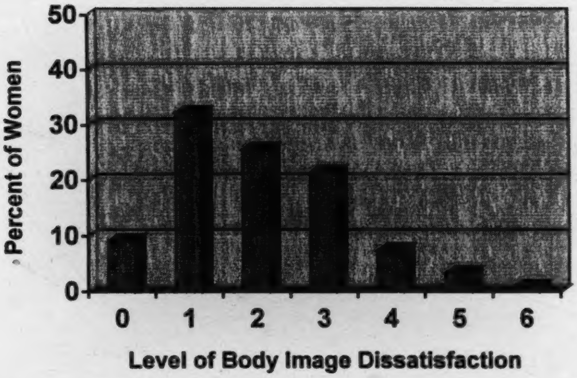

Figure 5. Percent of women reporting each level of body image dissatisfaction

The mean level of body dissatisfaction for the entire sample was 2.0 (SD = 1.3). Mean body image dissatisfaction levels were compared for employed versus not employed women, married versus not married women, and women with children versus women without children. Table 3 shows the results of the *t*-test calculations.

Table 3. Comparison of Mean Body Image Dissatisfaction

Variable	n	Mean Dissatisfaction	SD	*T*
Employed	85	1.8	1.2	2.27*
Not Employed	34	2.4	1.3	
Married	69	2.1	1.3	1.06
Not Married	52	1.8	1.2	
Children	70	2.2	1.3	2.28*
No Children	50	1.7	1.2	

Note. * $p < 0.05$

Mean level of body image dissatisfaction was significantly greater among women who were not employed (2.4) than for the women who were employed (1.8). Mean level of body image dissatisfaction was also significantly greater among women who had children (2.2) than for the women who did not (1.7). Finally, there was no significant difference between mean body image dissatisfaction for the women who were married, common-law or in a committed relationship and the women who were single, divorced or widowed.

Table 4 shows the values used to calculate the correlation between body image dissatisfaction and income, education level, and impression of health for this sample.

Table 4. Body Image Dissatisfaction and Income, Education Level, and Impression of Health

Variable (x)	N	$\sum x$	$\sum y^a$	$\sum xy$	$\sum x^2$	$\sum y^2$	R
Income	120	487	241	956	2475	677	-0.07
Education		492		972	2118		-0.12*
Health		427		786	1611		-0.54*

[a] variable y is body image dissatisfaction
Note. $p < 0.05$

The calculations of r for body image dissatisfaction and each of the three variables above show no correlation between income and body image dissatisfaction. However, there does appear to be negative correlations between education level and body image dissatisfaction and between impression of health and body image dissatisfaction.

Description of the Interview Sample

For the qualitative component of this research project, twelve women were recruited separately from the rest of the sample for participation in interviews. Four women were recruited from each of the following three occupational categories: (1) frontline jobs where image is likely central to success; (2) jobs that are not frontline, but where image is likely central to success; and (3) jobs that are not frontline, and where image is not likely central to success. Table 5 shows by occupational category, the occupations of each of the women interviewed.

Table 5. Participant Occupations by Occupational Category

Occupational Category	Description	Participant Occupations
1	Frontline, Image central to success	Receptionist, Personal Trainer, Hairdresser, Salesperson
2	Not Frontline, Image central to success	Doctor, Entrepreneur, Lawyer, Nurse
3	Not Frontline, Image not central to success	Teacher, Professor, Ad-Writer, Home-based Business Operator

In addition to participating in an interview, each woman also completed a quantitative survey. Six of the women (50.0%) interviewed reported being married, living common law, or being in a committed relationship and 6 women (50.0%) reported being widowed, divorced, or not in a relationship (single). In keeping with the aim of this phase of the study, all of the women interviewed were employed, however, two of the women were only employed part-time. Six of the women interviewed reported having no children and 6 women reported having one or more children. Education level and household income for the sample are reported in Tables 6 and 7. All of the women interviewed had completed a high school diploma with 58.3% of the women having completed a university degree or post- graduate degree. One-third of the women interviewed live in households where the annual income is $50,000 or greater per year.

Table 6. Education Level for the Interview Sample

Education Level	Number of Women	Percent
Grade 9 or less	0	0.0
Some high school	0	0.0
High school diploma	2	16.7
Some University	3	25.0
University/Post-Graduate Degree	7	58.3
Total	12	100.0

Table 7. Income Level for the Interview Sample

Household Income Level	Number of Women	Percent
< $20,000 / year	0	0.0
$20,000 - $29,000 / year	3	25.0
$30,000 - $39,000 / year	3	25.0
$40,000 - $49,000 / year	2	16.7
$50,000 - $59,000 / year	0	0.0
$60,000 - $69,000 / year	1	8.3
$70,000 or greater / year	3	25.0
Total	12	100.0

On the five-point Likert scale assessing impression of health, 1 woman (8.3%) indicated she felt her health is excellent, 8 women (66.7%) felt their health was very good, and 3 women (25.0%) said their health was good. None of the women interviewed felt their health was fair or poor. Figures 6 and 7 show the actual body shape figures and the number of women who indicated each as their current and ideal body shape. Only 3 women indicated that body figure 5 represents their current body shape and no one reported a figure larger than body figure 5 as her current body shape. No women selected any shape larger than body figure 4 as their ideal body shape. Only 1 woman selected an ideal body shape larger than her current body shape.

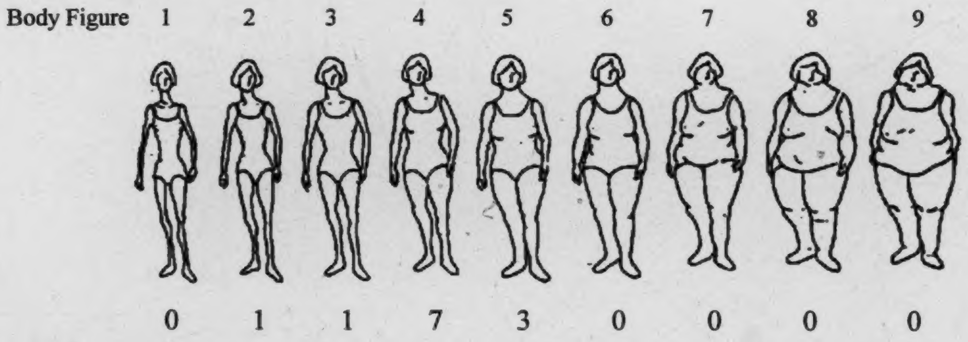

Figure 6. Number of women from the interview sample indicating each figure as her current body shape

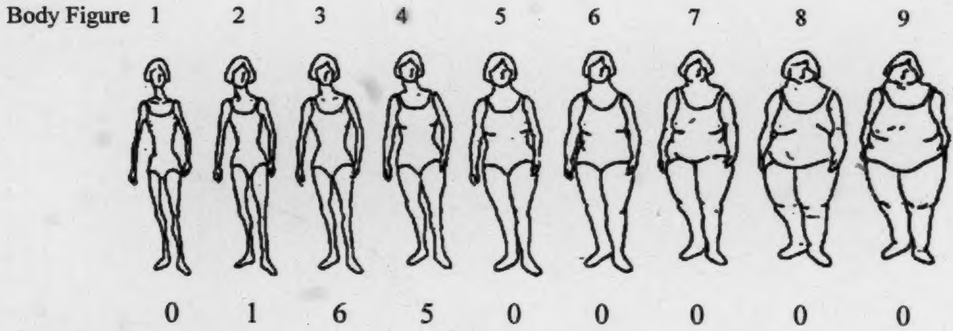

Figure 7. Number of women from the interview sample indicating each figure as her ideal body shape

Comparison of the Interview Sample to the Rest of the Sample

Women for the interview phase of this study were targeted by occupation to participate in an interview about body image and occupation. The rest of the sample were not specifically targeted, but rather volunteered to participate not in a one-time interview, but in a program to improve body image. There are descriptive differences between the two samples that are possibly reflective of these differences in process (see Table 8).

Table 8. Comparison of the Interview Sample to the Rest of the Sample

		Entire Sample	Interview Sample
		n = 109	n = 12
Employment Status (%)	Employed	68	100
	Not Employed	32	0
Education Level (%)	Grade 9 or less	1	0
	Some High School	2	0
	High School Diploma	29	17
	Some University	27	25
	University, Graduate, Post Graduate Degree	41	58
Relationship Status (%)	Married/Committed Relationship	58	50
	Single/Not married	42	50
Annual Household Income (%)	< $20,000	13	0
	$20,000 – $29,000	13	25
	$30,000 – $39,000	22	25
	$40,000 – $49,000	9	17

	$50,000 – $59,000	13	0
	$60,000 – $69,000	10	8
	$79,000 or greater	20	25
Children (%)	Yes	59	50
	No	41	50
Impression of Health (%)	Excellent	12	8
	Very Good	42	67
	Good	36	25
	Fair	7	0
	Poor	3	0
	Mean	3.5 SD 1.0	3.8 [a] SD 0.6
Current Body Figure		Range 1-9 Mean 5.5 SD 1.7	Range 2-5 Mean 4.0* SD 0.9
Ideal Body Figure		Range 2-5 Mean 3.6 SD 0.8	Range 2-4 Mean 3.3 SD 0.7
Body Image Dissatisfaction		Mean 2.1 SD 1.3	Mean 0.8* SD 0.6

[a] Statistical analysis completed only for comparison of mean Impression of Health, Current and Ideal Body Figures, and Body Image Dissatisfaction
Note. $p < 0.05$

For the descriptive data, statistical analysis was completed only for impression of health. The interview sample had a more positive impression of health, although not significantly, than did the rest of the sample. Seventy-five percent of the interview sample rated their health as excellent or very good with no women rating their health as fair or poor compared to 54% of the rest of sample that rated their health as excellent or very good with 10% choosing fair or poor. A brief look at the rest of the descriptive data reveals that one hundred percent of the women in the interview sample were employed compared to 68% of the rest of the sample. The education level of the interview sample is higher than that of the rest of the sample. All of the women in the interview sample had completed high school and 83% of them had completed some university. There was a small percentage of the rest of the sample that had not completed high school while 68%

had completed some university. Fifty percent of the interview sample compared to 58% of the rest of the sample were married, or in a committed relationship. Thirty-three percent of the women in the interview sample lived in households where the annual income was $50,000 or greater compared to 43% of the rest of the sample. Slightly fewer women in the interview sample had children (50%) than in the rest of the sample (59%).

Looking at body image dissatisfaction, the only statistically significant differences between the interview sample and the rest of the sample were for mean current body figure rating and mean body image dissatisfaction. Women in the interview sample rated their current body figures from 2 to 5 on the scale with an average rating of 4.0. Women in the rest of the sample ranked their current body shapes at every interval from 1 to 9 on the body figures scale with a mean body figure rating of 5.5. Mean body image dissatisfaction was significantly lower for the interview sample (0.8) than for the rest of the sample (2.1). The maximum level body dissatisfaction seen in the interview sample was 2 compared to 6 for the rest of the sample.

Phase 2: Qualitative Data

> I feel pretty good right now. I've recently lost about 35 pounds so
> I'm at that point where I'm less than I was, but not really where I would like to be.
> And I'm at the point right now where I'm struggling with,
> "Well, why do I want to be less if I feel really good right now?"
> - Interview 1, p. 6, lines 5-9

The aim of this phase of the research was to use one-on-one interviews to qualitatively investigate body image as it relates to occupational status for adult workingwomen. Each interview consisted of some discussion around occupation and body image; however, it is my belief that without targeted questions, occupation would not have spontaneously come up in any of the interviews. This is not necessarily because occupation is not a piece of the body image puzzle for women, but rather because there is so much more than occupation that is a part of body image for adult women. As part of this presentation of the data collected in my interviews with adult workingwomen, I will discuss their thoughts on body image and occupation. However, in order to understand how or why occupation might influence body image for the women I interviewed, I think it is important to first look at the body image themes and issues that were elucidated through the interviews. These themes include: (1) how the women define body image, (2) how the women see themselves, and (3) what factors, other than occupation, influence the pictures they have of themselves.

What is body image?

I believe that "body image" is a catch phrase brought into use by professionals to facilitate discussion and research in the areas of, for example, psychology, self-concept, eating disorders, and women and their bodies. It is not an expression used in everyday conversation by women and as such was not easily explained nor easily understood. The following is an excerpt from one interview, however, similar conversations occurred in a number of the interviews:

> I: When I say body image I am talking about the subjective picture that you have of yourself in your head that may or may not match up with the objective exterior you… If I asked you to describe the picture that you have of yourself, or your body image, what would you say?
> R: Subjective meaning like outside appearances?
> I: Yes, what's the picture you have of yourself…
> R: When I'm looking at myself physically, or when I'm thinking about myself mentally?
> I: Are they different?
> R: Uh huh.
> I: Ok, then both.
> (Interview 13, p. 2, lines 40-64)

In my interviews I described body image as the subjective picture we have of ourselves in our minds and explained that this may or may not reflect how we objectively look on the outside. In hindsight I should have chosen a simpler expression, such as asking the women to describe how they see themselves, without introducing the body image concept. It is not that the women were unable to describe themselves once they understood what I was asking, but through the course of the interviews it became apparent that each of the women had their own perceptions of what "body image" is for them. For one woman it was partially her daily experiences that define how she sees herself:

> Well, my picture… it is getting up in the morning, putting make-up on, doing my hair, wearing nice clothing, and teaching… So for myself, part of my well-being and body image is getting up everyday and getting ready.
> (Interview 2, p. 11, lines 7-13)

For another, body image was directly related to her physical features beyond weight and size:

> I would say my body image is the shape of my features, the shape of my breasts, the shape of my nose, colour of my hair – which actually has changed. So body image for me is more than weight and size, but the shape of who I am.
> (Interview 5, p. 1, lines 28-31)

For another, the concept of body image was more a psychological experience than a physical one:

> I think that body image is an emotional thing more than anything. I don't think it has anything to do with what it looks like on the outside. You can have the pretty, healthy, self-confident, great body image type people that frankly, are overweight… And then you can meet the opposite… that you're drop-dead gorgeous, could be a model type person who's got low self-esteem and really terrible body image and picking apart her 3mm of fat.
> (Interview 13, p. 10, lines 412-419)

Like a puzzle, these definitions of body image create a picture of a concept made up of at least four pieces: the physical body, the psychological experience of body, daily activities, and time. If every woman were to create their body image puzzle, they would certainly each be unique in the size, number, definition, and importance of the pieces. The transcripts from my interviews reveal a number of themes, or pieces (Figure 8):

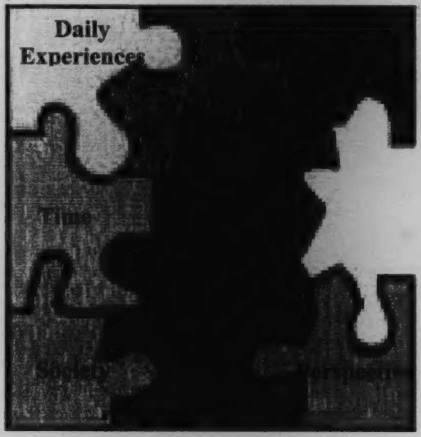

Figure 8. Body Image: A Puzzle

How *do* women see themselves?

> I'm lucky because I have a high metabolism.
> I've never had to worry about it…I do worry about, but I shouldn't.
> - Interview 2, p. 6, lines 5-7

One of the most interesting parts of each interview was having the women describe the picture that they have of themselves, or their body image. After most of the interviews I was left with an overall sense that each woman being interviewed felt very positively about her body. I wondered how I had managed to find a majority of women who have positive body images as this seemed to be in direct contradiction to the literature that suggests a large number of women have negative body image. My data suggest that the picture is complicated. I believe women see their bodies as a collection of pieces, each component on its own continuum from negative to positive. The overall picture may be one of satisfaction, but this may represent an average of how each piece is ranked at any given time.

> One out of ten days, I have a good hair day, the rest I don't. I say that to other people and they go, "your hair always looks good," but I mean it doesn't, and I know it doesn't.
> (Interview 6, p. 3, lines 101-103)

Table 9 presents the women's descriptions of themselves as well as each woman's comments about her ideal body.

Table 9: Body Image and Ideal Body

How do women see themselves?	What does their ideal picture include?
I think I'm average height. I think I'm overweight, particularly through my hip and abdomen area. I think I have quite a big chin. I think I've got long legs. My hair colour is sort of mousy, so I colour it. (Interview 4, p. 4, lines 20-22)	Oh, I'm sure (my ideal) would be very similar (to society's) in that I would like to be tall and slim and never have skin problems and be able to wake up and look as wonderful as you do after you've spent an hour trying to fix yourself up. (Interview 4, p. 8, lines 2-4)
I would probably say I'm average weight, average height… that I fit in to the norm. There are people thinner and fatter, but I'm happy with the way I am, basically. (Interview 5, p. 1, lines 20-23)	
As far as weight goes lately, I feel like, "Oh my God, I'm getting so fat." I have clients who are overweight and some days I look at them and I think, "I look like that." They are like 100-200 pounds overweight and I know I'm only 10-15 pounds overweight, but I feel like that sometimes. (Interview 6, p. 3, lines 103-107)	My ideal? Three inches taller, but I know that's impossible… I would like to be 15 pounds less, and toned, and have better hair days… and whiter teeth… a smaller nose... If you look in the magazines you try to pick different pieces of different people, but I don't dwell on that, I don't think. (Interview 6, p.12, lines 509, 524-528)

I'm just kind of a run of the mill size. You know, I'm not extra short or extra petite, or an extra large. I am kind of the norm… maybe that's why I don't really think about it. (Interview 7, p. 5, lines 204-207)	I would definitely have different hair, and I mean I'm not beyond admitting I could use a tummy tuck… but it's not a big deal. I mean I don't have to turn out the lights at night when I undress or anything. (Interview 7, pp. 5-6, lines 219-222)
Well, the way I see myself in my head is I'm chubby. I don't think of myself as fat… I'm chubby, but I exercise. I workout and I was never meant to be 130 pounds. (Interview 8, p. 2, lines 56-58)	I: Would you say you have your ideal body right now? R: Oh God no. No one ever has their ideal body… If I could, I would love to be even a perfect size 10… I'm not asking to be the size 3. (Interview 8, p. 8, lines 326-331)
When I think of who I am, I think about the person I was at 17. I'm 5'5", I'm thin, energetic, I've got short, dark hair… I'm not heavy when I see myself. I guess I have a hard time facing the fact that I am overweight… I accept me for who I am, which sounds ironic because if I do then I should see myself as heavy, but I don't. (Interview 9, p. 2, lines 60-63, 75-78)	I would love to be like I see myself in my head… probably still heavier than the ideal woman… I'd probably be more like a plus size model. (Interview 9, p8. lines 348, 358-359)
I see myself as middle-aged, generally healthy, not nearly as thin or as fit as I would like, but more than I have been. (Interview 10, p. 2, lines 47-48)	My ideal image would be a reasonable weight, more muscle definition than I have and 20 pounds less. (Interview 10, p.11, lines 491-492)
I'm very, very paranoid about my skin because I am so white and you look at somebody that's tanned and you think healthy regardless. And later you think leather-face… I try to think that way anyway… I try to make myself feel better, I guess, about being so white. (Interview 11, p. 3, lines 97-101)	
I see myself as attractive in different ways, but also I'm very hard on myself, always trying to better my image… whether I change my hair colour or keep cutting it all the time, or changing my clothes… things like that, so its kind of 50/50. (Interview 12, p. 2, lines 59-62)	To see myself in a more comfortable or ideal situation I would probably be a little bit more athletic, a little bit more toned… I'd like to be more regular at the gym. (Interview 12, p. 7, lines 276-280)

R: I'm within a normal weight range, that doesn't mean I don't have three rolls of fat and stretch marks all over my body, and breasts that, oh my gosh, could totally use a boob job. Like I said, I look great with clothes on, take them off and… it's a whole different perspective. I'd give me a seven out of ten. I: Well, you're almost there. R: Oh God, are you kidding me? I don't know, maybe I'd say six out of ten. (Interview 13, p. 11, lines 465-468)	

As with the differing definitions of body image, the preceding quotes also suggest that no two women look at themselves the same way, nor do they focus on the same things. For these 12 women, the focus ranged from height and weight, to skin, hair, teeth, age and fitness level, with weight being an obvious recurring issue. Each woman described at least one of these factors, with most of them mentioning more than one factor. With so many different things to consider, it is a small wonder that many women are at least somewhat dissatisfied with their body image. For the women who discussed their ideal bodies, losing weight was the predominant issue, but increasing fitness level was also a focus. Based on the predominance of weight as part of body image, as well as its importance in their ideals, it is definitely the largest factor influencing body image for these women.

> I would like to be tall and slim (Interview 4, p. 8, line 2)
>
> I would like to be 15 pounds less (Interview 6, p.12, line 509)
>
> I'm not beyond admitting I could use a tummy tuck
> (Interview 7, pp. 5-6, line 219)
>
> My ideal image would… 20 pounds less.
> (Interview 10, p.11, lines 491-492)

> I'm within a normal weight range, that doesn't mean I don't have three rolls of fat and stretch marks all over my body… (Interview 13, p. 11, lines 465-468)

With most of the women's ideals there was also, to some degree, an acceptance of reality. What is actually possible for a woman to achieve?

> No one ever has their ideal body… If I could, I would love to be even a perfect size 10… I'm not asking to be the size 3.
> (Interview 8, p. 8, lines 326-331)

Two women in particular touched on reality and the importance of perspective:

> Life is far too short to be worrying about losing that 5 pounds… you know, just trying to kill yourself to get to a certain point that's not even realistic… I've been down to 115 pounds… I lost a lot of weight and I looked like a Q-tip; my big head and a little tiny body… and I knew how unrealistic it was to stay at that weight.
> (Interview 11, pp. 5 & 13, lines 187-189, 564-567)

> I look and I see these women and I think its so much more important to have inner self-confidence and self-esteem… my body is never going to look like them because I'm just not that same body type. It wouldn't matter if I was at the gym 18 hours a day… I guess I have that realistic approach.
> (Interview 10, p. 5, lines 186-191)

There seems to be a balance that women need to find between the way they see themselves and the way they wish they looked. The issue of reality is particularly important because in some cases the way the women see themselves is not the way that others would see them. This is the case for three of the women that I interviewed. Two of the women who viewed themselves very negatively and as overweight, I would describe as being average, if not lower than average weight, with nice proportions and beautiful features. I think both these women exhibit significant body image dissatisfaction. The third woman was much larger in reality than in the picture she has of herself and I believe she has the most positive body image of any of the women I spoke to:

> When I have a dream, I don't dream of being heavy. I am who I am and I think the big guy is telling me to be able to be heavy and let people know that heavy people can be loved and that they're people too, and I'm good for that.
> (Interview 9, p. 8, lines 348-352)

It was a powerful experience for me to interview this woman. How does someone so large have such incredible perspective and such a great body image, when some of the smaller women that I interviewed see themselves so negatively and when I personally, often struggle with my body image as well? Where does the picture that we have of ourselves come from? And what factors influence our body image?

What influences the way a woman sees herself?

> I see people, and some days, I'm like, "Oh man, I'd love to have her ass,"
> But then there are other days where it doesn't matter,
> I wonder why does it matter some days?
> - Interview 1, p. 20, lines 5-8

Throughout the course of my interviews, each woman's generosity and honesty about the experiences and factors that have shaped and influenced their body image continually overwhelmed me. As with the definition of body image and the pictures the women have of themselves, this too is a complex subject. No two women have had the same life experiences or experience the same events on a daily basis and yet many of us end up at the same place, dissatisfied with our bodies. Further, there are experiences that for some women are negative, yet for others the same experience is positive. It would be impossible to develop a formula for predicting body image, but there certainly seem to be some common influencing factors, including: messages received throughout life, daily experiences, life events and society's influence.

Messages Received throughout Life

Many of the messages that these women have received throughout their lives have been detrimental to the way they see themselves. Even as children, regardless of weight, many were already being given the message that the way they were was not good enough:

> I was always overweight as a kid and so my peers would… bug me about that or tease me about that…
> (Interview 4, pp. 5-6, lines 26-27, 1-4)
>
> I was a very skinny kid and was made fun of.
> (Interview 7, p. 3, line 99)

It is not surprising to imagine kids on the playground being cruel to each other. And if you believe, "what your mother tells you," then those kids are probably just jealous, or, if they are boys, they are probably teasing you because they like you. Of course if you believe what you hear at home about being teased at school, then you are most likely also listening carefully to the other messages that are being received at home.

> I never used to be like this. I never used to be so confident about myself. When I was smaller, my mom always talked about how fat I was.
> (Interview 8, p. 3, lines 112-114)
>
> My whole childhood I was told how fat I was and how my butt was too big. And I had a grandmother who would walk in the house, give you a chocolate bar, and say, "boy, you're getting fat."
> (Interview 9, p. 9, lines 371-377)

Many messages like the ones above are blatantly negative, but even those messages that on the surface seem positive, can reinforce the negative feelings a woman has about herself, or invoke a determination to never look a certain way again:

> When I was around fifteen, or sixteen, I lost a lot of weight, and of course people complimented me on that. So, you know, when you get the idea that something is good, then you assume that before it was bad.
> (Interview 4, pp. 5-6, lines 26-27, 1-4)

Women receive messages about their bodies throughout their lives from many different sources. Some messages were received as children and as teenagers, while others were messages the women continued to receive as adults:

In their relationships:

> My boyfriends, one of the jerks, he would say, "Hey, you're not as fat as all my friends say," when we were taking our clothes off or something. (Interview 11, p. 14, lines 623-625)

On the road to their dreams:

> I spent two years being told that I didn't have blond hair, I wasn't tall enough, I wasn't thin enough, I had freckles… you know, my nails needed to be longer: just everything, everyday…
> (Interview 1, p. 2, lines 15-18)

And, in their careers:

> I had one client, one time, tell me that I was too fat and she would never come back because she couldn't handle that.
> (Interview 9, p. 4, lines 137-139)

Not all of the messages that women receive in life however are negative:

> As a teenager and a young woman, I got lots of very positive feedback about how I looked… and as a married woman, I get very positive reinforcement from my husband and that's important to me.
> (Interview 5, p. 2, lines 39-42)

The positive impact that these messages can have is equally as obvious as the unhappiness that can be caused by negative messages. This woman saw herself as "average weight, and average height," and "happy with the way (she is)" (Interview 5, p. 1, lines 20-23). She questioned the emphasis that women put on their weight and size and the way they look:

> I think we (women) are almost obsessed with how we look and how slim we are and how much energy we put into that. If we're putting so much energy into such a superficial thing, then what are we missing out on?
> (Interview 5, pp. 4-5, lines 175-178)

If the women in my interviews in any way represent a cross-section of women in society, then women are growing up and living with more negative messages than positive ones. Or, at the very least, it is the negative messages that are remembered:

> I don't know if all women are like this, but sometimes you remember the more negative things than you do the positive things.
> (Interview 4, p. 5, lines 18-20)

Life Events

Life events influencing body image were not something I specifically inquired about in my interviews, but it is very interesting to think that there are specific events, or times in a woman's life that have shape the picture she has of herself forever. With some thought most women could probably come up with a series of life moments that have played a role in defining their body image. Being pregnant and giving birth to a child is one time in a woman's life where she might feel differently about herself. Pregnancy can be a confusing time for women as they struggle between feelings of joy in the anticipation of being a mother and feelings of anxiety about the physical body changes that come with being pregnant:

> I suppose having kids (influenced my body image). I mean that definitely changes you. The first time I found out I was pregnant, I was so proud and… couldn't wait for that little tummy to grow. By the time I had the last one, it was different… not quite so willing to be out there.
> (Interview 7, p. 3, lines 95-98)

The experience can be even more difficult for a young mother who is still growing and changing herself, and trying to figure out who she is. The impact of the experience can extend far beyond the time when she is actually pregnant:

> The birth of a child at a very young age, that was a total negative… for my body image… the impact on how you feel, your insecurities… and the constant need to have to prove yourself after that, day in and day out for years and years and years.
> (Interview 13, p. 3, lines 92-105)

Even the anticipation of someday becoming pregnant can weigh on the mind of a woman.

> I feel good. I like the way I look. For me, its well, if I have a child, I know I will be worrying about, well, I'll want to be in shape, and I'll want to look good after… I actually am very happy with the shape my body's in right now, so it's hard to think that it might change, or will change.
> (Interview 2, p. 5, lines 1-8)

Experiencing a physical trauma is another life event that might change the way a woman sees herself. Interestingly, for the woman I interviewed whose body was forever changed in an accident, it is not a current picture of herself that she has in her head, but rather it is the picture she has of herself from before that she carries with her:

> Often I think of myself as before and so when I see pictures, or I look in the mirror… sometimes I am surprised because I still see (in my mind) what I remember from before.
> (Interview 10, p. 2, lines 49-51)

Finally, the growth and physical body changes associated with adolescence and puberty make it an obvious time or event in life that could be critical in influencing the development of body image. It may also be a time when permanent images are shaped:

> I have a sister who is gorgeous and never gains a pound, but she has an image of herself as fat and is always working to lose weight. When she went to camp when she was 14 or 15, she gained 10 pounds… that image has stayed with her and she's always trying to overcome that image.
> (Interview 5, page 11, lines 453-457)

Working through this data, metaphors that represent body image as it is for adult women become evident. My initial thought was the puzzle; with different pieces all fitting together to create one picture. As I discuss the factors that influence a woman's body image, I can't help but think of Shrek, the Ogre who compared himself to an onion.

"Ogre's are like onions," he said, "They have layers;" so too, does body image. Body image is like an onion; it has layers. We have peeled back messages, and we have peeled back life events to reveal yet another layer, daily experiences.

Daily Experiences

> I was thinking beach, bathing suits.
> That's the worst thing, buying bathing suits.
> - Interview 6, p. 17, lines 763-764

Body image appears to be something that changes not only throughout life, but also throughout each day. Something as "simple" as a trip to the mall to buy a new bathing suit can send a woman into a negative body image tailspin. Then, even if women are able to find a bathing suit they like, having to actually wear it can still be traumatic:

> I'm not comfortable about being in a bathing suit… and I've definitely said no to hot tub things before because I'm really insecure.
> (Interview 13, p. 4, lines 151-156)

> I wouldn't not go to Mexico with my girlfriend because I don't not like my body, but you'll never see me in a two-piece (bathing suit). Never.
> (Interview 13, p. 4, lines 158-159)

One woman even described her ability to comfortably wear a bathing suit as part of her picture of herself:

> I have no problem putting a bathing suit on… I'm not that type of person.
> (Interview 11, p. 3, lines 104-105)

Outside of the mall and off the beach, women reported constantly experiencing things that influence how they see themselves each day:

At the gym:

> There's some days where I'm at the gym, and I'm looking around and I'm like "Okay," because there's always people bigger and smaller than me which is why I love the gym. There are motivators, and there's, "Oh, my God, I've come a long way."
> (Interview 1, p. 19, lines 12-15)

At work:

> Even the smallest things… seeing somebody else at work wearing a tiny little skirt and looking at her legs and you think, "Bitch, how can you do this to me because when you dress like that, it makes me look worse." (Interview 1, p. 7, lines 1-4)

And even at the hockey arena:

> My biggest pet peeve is those little rotating things to go into hockey games. My butt is too wide and it really annoys me… they don't make them for fat people, they make them for skinny people, and it's not fair. (Interview 9, p. 10, lines 424-431)

Of all of the daily experiences that the women I interviewed talked about as influencing their body image, nothing was brought up as often as "the mirror." Over half of the women I interviewed mentioned a mirror at least once. The mirror, as a piece of the body image puzzle, has already been brought up by the woman who was in the accident and is often surprised to see how she looks when she sees herself in a mirror. One might say the mirror is a window into the reality of a moment. Seeing herself in a mirror can be a positive experience for a woman:

> A lot of positive reinforcement comes from myself… like walking past the mirror in the washroom, and thinking, "Damn, I look good today." (Interview 1, p. 7, lines 29-31)

> When I look in the mirror I see more the person that I was when I grew up versus the person that's had 4 kids and sits on her butt when she works. (Interview 9, p. 2, lines 63-65)

More often than not, it would seem an encounter with the mirror (or, in one case a reflection in a window) is a negative experience for women:

> Every morning in the mirror, I have that conversation with myself when I'm getting dressed, "Is this acceptable, do I look too juvenile, does my butt look alright?"
> (Interview 1, p. 18, lines 22-29)

> I: Are there things that happen in a day that remind you of your body image?
> R: Every time I wash my hands. There is a mirror over my sink, so I have to look at myself.
> (Interview 4, p. 5, lines 1-2)
>
> I probably weigh 40 pounds more than what I should now, so I should have a negative body image, but I still see myself in a positive light, except when I walk by a window and I think, "Oh, who is that?"
> (Interview 5, p. 6, lines 230-234)
>
> Actually I don't think about it (what I look like) once I'm gone. Once I leave the mirror its out of the picture.
> (Interview 7, pp. 3-4, lines 127-131)
>
> I look in the mirror and go, "Oh, my gosh!" I just have this perspective in my head that I have the most disgusting breasts on the face of the earth.
> (Interview 13, p. 5, lines 198-202)

From bathing suits to hockey games:

> It's a bugger being a girl sometimes.
> (Interview 6, p. 5, line 182)

While there are all kinds of things that influence how a woman sees herself on a daily basis, it is important to look not only at what the influences are, but also how daily changes in body image impact on a woman's day. How does a positive or negative body image manifest itself on a daily basis in a woman's actions? The impact on life can be seen in the conscious decisions made each day by women:

> I think when I tend to feel better about myself and the way I look, I more tend to exercise and go to the gym; whereas if I'm not feeling very good about myself or the way I look, then I'm not as likely to.
> (Interview 4, p. 6, lines 21-23)
>
> The way I dress (is influenced by my body image) because a negative body image that I have of myself is that I think I have fat arms, so I would never wear a sleeveless dress.
> (Interview 5, p. 2, lines 71-72)

> On a more positive day, I could get up and speak in front of a bunch of people, but if I had a down day and was asked to speak, I wouldn't.
> (Interview 6, p. 9, lines 396-400)

The daily impact of a negative body image can be subtle or unconscious:

> It can be so subtle, like if you're not feeling good about yourself, it can affect what you decide to wear that day; how you carry yourself; and that can affect everything that you do throughout the day.
> (Interview 1, p. 8, lines 10-12)

> I believe that if people feel comfortable and good about themselves, then they don't have to spend energy protecting themselves and they're able to move that energy outward… So, if I'm not happy with my body then I might be worried about sucking my stomach in or worried about how I look and therefore move my energy inward, rather than outward. I think we do that on an unconscious level.
> (Interview 5, p.3, lines 91-99)

In each interview the women were asked if they felt their body image influences any decisions that they make, or actions that they take. Most women paused and many women did not readily have an answer. The comments around body image impacting their actions or decisions tended to come out throughout the interview as other issues arose. In contrast, each woman could immediately tell me what types of things happen during a day to impact their body image. This suggests to me that the women are not consciously aware and therefore not necessarily in control of the impact that changes in their body image can have on their lives. There did not seem to be a connection for most of the women between what things impact their body image and their subsequent actions. A lack of awareness of this impact, or a lack of connection between the factors that affect their body image and a change in actions, could make it difficult to avoid changing one's behaviour when confronted with negative influences in the day. In this, I believe there is the potential for women to experience a feedback cycle whereby the feeling of body image dissatisfaction experienced as a result of, for example, seeing oneself in the mirror, is perpetuated by the resultant lack of confidence, poorer posture, or misspent energy.

Society

All of the data related to the different facets of body image support my earlier statement that the body image puzzle for women is very complex. It is shaped by the messages we receive in our lives, and it is affected by events in our lives and by our daily experiences. The question is where does the picture we are trying to attain come from?

> I mean she goes to a therapist so that she can try to overcome the sense of not measuring up, and I don't know what the hell she's measuring up to? It's like where's the magic ruler that says when you've hit the top? (Interview 9, p. 17, lines 746-749)

In the past decade, Hollywood and the media have come under fire for their almost exclusive use of very thin women in television, movies and advertisements. There was a general sense among the women I interviewed that society promotes an unrealistic, and at times, unhealthy women's bodies in the movies and on television, and that it within this forum that the standard is set:

> It's huge (society's influence on a woman's body image). My friends that have poor self-esteem, they have poor self-esteem because they're looking at all these bodies on the TV, and I think society really forces people to have an unreal expectation of what they are going to look like. (Interview 10, p. 8, lines 322-326)

It is ironic that the power that society's ideal seems to have over the standards women set for themselves. There are likely very few women who actually believe that as an average person, without personal chefs and personal trainers it is possible to look like most models and actresses do:

> Does that show society? No! No one is perfect and why have we chosen these models to be thin and maybe not even thin; they're rails… they are sick-looking actually, and that concerns me.
> (Interview 2, p. 4, lines 4-6)

However, even if the women I spoke to recognize, and are even offended by society's role in influencing women's body image:

> If you look at the front cover of Cosmos, that person has been airbrushed to death and I think they value skinny women too much. I'm sorry, but women are meant have boobs and an ass and hips. We give birth.
> (Interview 8, p. 7, lines 307-310)

They are not immune to it:

> There is so much trying to better a woman's body… in products, in clothing style changes, and if you don't keep up with it they make you feel like you're not doing good enough… It always makes me second-guess where I'm at. It definitely affects me.
> (Interview 12, p. 2, lines 68-73)

> People think that if you don't lose weight, you're not dedicated enough, like you don't have the power to do it. They think if you're chubby then you just haven't tried hard enough, and that's not the problem.
> (Interview 9, pp. 14-15, lines 634-642)

I believe it is a rare woman who is immune to the pressures from society to achieve a certain ideal. Interestingly, however, women themselves also play a large role in reinforcing this message. One of the very interesting parts of completing the analysis of my interviews was to compare comments made by the same woman at different points in her interview. One woman in particular, in her comments around society, indicated that she felt maybe there is a light at the end of the tunnel for women:

> I think things like the media and magazines hugely influence how we value our body image. If you look in magazines people are very skinny. But, if you look at very successful people, like Oprah, who don't have that stereotypical proper body, who are so successful and making such an impact, maybe that will start to change.
> (Interview 5, p. 4, lines 169-173)

That said, later in her interview she made the following comment:

> Would I like to be thinner? Yes. Do I think Oprah should be thinner? Yes (Interview5, p. 6, lines 234-235)

Of all the things I feel I have learned through doing this project, this is the point that I continue to give the most thought to: What part do we, as women, play in reinforcing the unrealistic ideal that leads to such dissatisfaction and unhappiness in so many women? Simply put, "Women are the toughest on women" (Interview 6, p. 10, line 439):

> Why do we expect (women to look a certain way)? Because we have been ingrained to expect that – because that's the only thing we've known our whole life.
> (Interview 2, p. 12, lines 8-10)

Even as women struggle with feeling that they don't measure up, they are placing the same expectations on other women:

> I went to this body toning class, the lady who was teaching it was quite overweight… and I thought, 'Oh, I'm not going to enjoy this at all,' and it was only because of the way she looked.
> (Interview 4, p. 24, lines 3-5)

There is so much that goes into the picture that women have of themselves. Each woman's body image is molded and changed throughout her life. The women I interviewed revealed a number of factors and experiences that have shaped the pictures they have of themselves. While each woman's "puzzle" is unique, I believe that a number of the pieces are common for many women. I also believe that it is inappropriate to separate out any one piece from another and discuss it as acting in isolation. How a woman sees herself at any given time is the daily culmination of a lifetime of messages, experiences, and influences. Occupation is not some separate puzzle entirely, but rather it is one piece of the same puzzle.

Occupation: One Piece of the Body Image Puzzle

> I think that if you have issues with your body, your job won't fix it…
> It may create an environment where you don't think about it as much, but
> I don't think it would make it better.
> - Interview 2, Teacher, p. 15, lines 3-5

It became clear through the process of completing this research that it is impossible to discuss any factor influencing a woman's body image, including occupation, in isolation from other influencing factors. Further, occupation does not seem to be one of the important factors relating to body image for the women that I interviewed: actual conversation around body image and occupation represented only a small portion of each transcript and I do not believe occupation would have come up spontaneously in any of the interviews.

Body Image by Occupational Category

To investigate possible relationships between occupation and body image women in identified categories of occupations were interviewed. As indicated previously, the occupational categories were based on the relative importance of image to success and the frontline nature, or not of the different occupations. For reference, the contents of Table 5 are repeated here in Table 10:

Table 10. Participant Occupations by Occupational Category

Occupational Category	Description	Participant Occupations
1	Frontline, Image central to success	Receptionist, Personal Trainer, Hairdresser, Salesperson
2	Not Frontline, Image central to success	Doctor, Entrepreneur, Lawyer, Nurse
3	Not Frontline, Image not central to success	Teacher, Professor, Ad-Writer, Home-based Business Operator

Occupational category one included jobs that were frontline, and where image is likely central to success. The women in this category (Receptionist, Personal Trainer, Hairdresser, Salesperson) described varying pictures of themselves:

> I'm just kind of a run of the mill size. You know, I'm not extra short or extra petite, or an extra large. I am kind of the norm… maybe that's why I don't really think about it.
> (Interview 7, p. 5, lines 204-207)
>
> Well, the way I see myself in my head is I'm chubby. I don't think of myself as fat… I'm chubby, but I exercise. I workout and I was never meant to be 130 pounds.
> (Interview 8, p. 2, lines 56-58)
>
> I'm very, very paranoid about my skin because I am so white and you look at somebody that's tanned and you think healthy regardless. And later you think leather-face… I try to think that way anyway… I try to make myself feel better, I guess, about being so white.
> (Interview 11, p. 3, lines 97-101)
>
> I see myself as attractive in different ways, but also I'm very hard on myself, always trying to better my image… whether I change my hair colour or keep cutting it all the time, or changing my clothes… things like that, so its kind of 50/50.
> (Interview 12, p. 2, lines 59-62)

Occupational category 2 included jobs that are not frontline positions, but where image is still likely central to success. The women in this category (lawyer, entrepreneur, nurse, and physician) reported the most consistently negative body images:

> I think I'm average height. I think I'm overweight, particularly through my hip and abdomen area. I think I have quite a big chin. I think I've got long legs. My hair colour is sort of mousy, so I colour it.
> (Interview 4, p. 4, lines 20-22)
>
> As far as weight goes lately, I feel like, "Oh my God, I'm getting so fat." I have clients who are overweight and some days I look at them and I think, "I look like that." They are like 100-200 pounds overweight and I know I'm only 10-15 pounds overweight, but I feel like that sometimes.
> (Interview 6, p. 3, lines 103-107)

> I see myself as middle-aged, generally healthy, not nearly as thin or as fit as I would like, but more than I have been.
> (Interview 10, p. 2, lines 47-48)

> R: I'm within a normal weight range, that doesn't mean I don't have three rolls of fat and stretch marks all over my body, and breasts that, oh my gosh, could totally use a boob job. Like I said, I look great with clothes on, take them off and… it's a whole different perspective. I'd give me a seven out of ten.
> I: Well, you're almost there.
> R: Oh God, are you kidding me? I don't know, maybe I'd say six out of ten.
> (Interview 13, p. 11, lines 465-468)

Finally, occupational category 3 included jobs that are not frontline and where image is not likely central to success. The women in occupational category 3 (professor, teacher, ad-writer, home-based business owner) described the most consistently positive body images:

> I've been pretty fortunate my whole life because I have a high metabolism and I don't gain weight that easily; so overall, I feel pretty good about that.
> (Interview 2, p. 3, lines 12-14)

> I would probably say I'm average weight, average height… that I fit in to the norm. There are people thinner and fatter, but I'm happy with the way I am, basically.
> (Interview 5, p. 1, lines 20-23)

> When I think of who I am, I think about the person I was at 17. I'm 5'5", I'm thin, energetic, I've got short, dark hair… I'm not heavy when I see myself. I guess I have a hard time facing the fact that I am overweight… I accept me for who I am, which sounds ironic because if I do then I should see myself as heavy, but I don't.
> (Interview 9, p. 2, lines 60-63, 75-78)

Occupation and Body Image

Looking only at the women's descriptions of their body images within the occupational categories is not sufficient for drawing conclusions about the relationship between body image and occupation. Equally as important to understanding this relationship is to consider the role that occupation plays for each woman in shaping her body image. How does occupation fit into each woman's body image puzzle? How does occupation influence body image for each of these women?

In occupational category 2, where the women had the most consistently negative pictures of themselves, two of the women saw their occupation as a positive contributor to their body image. Both of the women who see their occupation as a positive component of their body image work as health care professionals:

> I probably feel better about my body in my occupation because of all the people that I see and populations I work with… the overweight people, the pregnant people… It almost gives me a boost sometimes. I'll walk into a home and think, "Oh, thank God I'm not in this circumstance, or I'm glad, it sounds terrible, but I'm glad I don't look like that." It's a selfish thing.
> (Interview 13, p. 4, lines 174-182)
>
> I think that my career choice and the success I have had has improved my self image and my body, which in turn, has lead me to being healthier and… looking more the way I want to.
> (Interview 4, p. 18, lines 1-4)

A third woman, a health care professional, whose interview was lost due to technical difficulties, echoed the sentiments of these two women; knowing that her body could meet the physical requirements of her job including lifting, walking, and carrying contributed positively to her body image.

Another woman in this occupational category saw no real connection between her occupation and her body image:

> I don't feel that expectation (to have a certain look in my profession)… Frankly I don't care what they expect… I assume they are here for the work and… not to judge my outer body.
> (Interview 10, p. 6, lines 260-262)

The women in occupational category 3, where the most consistently positive body image was seen can also be split into women who feel their occupation is positive for their body image and women who do not see a connection between the two:

> Teaching is all shapes and sizes of men and women and because we're working with children and they love you no matter what you look like. It's probably one of the best professions in that way for self-esteem and for self-confidence because they love you for you… they don't care what you look like.
> (Interview 2, p.5, lines 16-20)

> I don't think my body image is as important in my work life because I think other things are valued. Here at work I want to be valued on my brain and maybe how articulate I am and how I carry out my duties.
> (Interview 5, p. 4, lines 153-158)

For the women in occupational category 1 occupation appears to impact body image in three different ways. For one woman, her job is not a factor in her body image at all:

> When I'm dealing with people, I'm concerned about them. And whether it's taking their information, or a blood pressure, I'm trying to make them comfortable. I'm not thinking about myself at that point in time.
> (Interview 7, p. 4, lines 152-155)

For another, it seems to be a combination of her occupation being a positive influence and a negative influence on her body image:

> I could definitely say it was flattering to think somebody comes to me because I'm skinny or whatever. But a lot of times it was negative too… it's two-sided. Why are you coming to me because of a look? I could be totally crappy (at my job).
> (Interview 12, p. 4, lines 152-157)

Another woman, who actually sees herself very positively, is still aware of the expectation that other women or society might have of her because of her occupation:

> When I put on a bathing suit, or shorts or something and I tell people I'm a personal trainer I wonder what they expect of me. When somebody tells me you're a personal trainer you kind of give them a little scan up and

> down. Like if someone was a doctor, you expect them to take care of themselves, or you know, you're a mechanic you expect them to have a fairly good running car.
> (Interview 11, p. 4, lines 133-137)

And finally, one woman's occupation plays a large role in negatively influencing her body image:

> When you get walk-in clients, or you have to go and meet a new guy and he's around the same age or whatever… you walk in there and you're like, "Hi." Meanwhile they're checking out (some other girl's) ass, and I'm just like, "Oh, my God, let's go to the chair" because I know I'm nowhere close to being her, but I think that's what they really want. Then I kind of feel bad and I don't really feel like talking to them because they've been checking out some little chick's ass. I can only think, "well, that's not me so they are probably not going to be into talking or whatever."
> (Interview 8, p. 9, lines 382-390)

The women who felt that their jobs positively influence how they see themselves commented on the positive impact of their professional accomplishments, positive feedback from clients, patients, and students, and the belief that people in their work environment value things beyond their physical bodies:

> It's probably one of the best professions… for self-esteem and self - confidence… they love you for who you are… they don't care what you look like.
> (Interview 2, p. 5, lines 16-20)

> Here at work I am valued for my brain and maybe how I articulate myself, and how I carry out my duties.
> (Interview 5, p. 4, lines 153-158)

> The fact that I am busy reflects to me that people want to come and see me.
> (Interview 4, p. 4, line 13)

> I don't tend to have that great of a self-image or body image and I certainly didn't when I was younger. I think partially through the successes I have had in my work, I probably have a better self-image or body image now than I had before.
> (Interview 4, p. 3, lines 25-28)

Body Image and Occupation

While many of the women spoke about the impact of their occupation on their body image, some also spoke about the impact that their body image has on the work that they do, or the way that they work on any given day:

> When you feel good about yourself, it affects everything you do, from how you interact with other people… I mean walking down the hall on a day that you feel good about yourself, you're holding your head up high and you're saying 'hi' to everyone. Those days that you feel miserable, you're looking down more. It is going to affect your attitude, that's going to affect your interaction with others, and ultimately that's going to affect the final product that you're working on.
> (Interview 1, p. 9, lines 7-16)

One woman sees her negative body image as being a positive attribute to her work:

> I guess maybe some of the negative body image that I have helps me relate a little bit to the people that I see… so I can understand, you know, the concerns about weight gain, or being depressed, or whatever.
> (Interview 4, p. 3, lines 28-29)

Finally, none of the women I interviewed could think of a time when how they felt about their body had influenced a career move or a major career decision:

> I try not to let (feelings about my body) affect my (career) decisions because I know that (my body image) is something… that can change. But what I want, and who I am and what I need to do is not as changing, so I have tried to never let that get in the way.
> (Interview 1, p. 11, lines 17-19)

Based on the data collected in these interviews, it appears that relative to other pieces of the puzzle, occupation is not a critical component of body image. For some women, however there still appears to be a relationship between the two and the relationship does seem to vary for women in different occupations. The women in occupations where image is likely central to success, but that are not frontline (occupational category 2), exhibited the most consistently negative body images while in general their work contributed positively to the pictures they have of themselves. The women in those occupations that are not frontline and where image is not likely central to success (occupational category 3), described the most consistently positive body images and for these women their work plays either a positive role or no role in shaping this picture of themselves. Finally, while the women in those occupations that are frontline and where image is likely very central to success (occupational category 1) did not reveal the overwhelmingly negative body image that I had expected, this category was the only one where there were women who felt that their occupation plays a negative role in the shaping their body image, or who felt an expectation in their job to look a certain way.

Chapter 5
Discussion and Conclusion

This research was undertaken to broaden the understanding of body image as adult workingwomen experience it. A combination of quantitative and qualitative research methods were used to:

1. Determine the level of body image dissatisfaction in a sample of adult women,
2. Explore whether there is a relationship between employment status and body image satisfaction in adult women,
3. Explore the themes and issues around body image for adult, workingwomen, and
4. Examine the relationship between occupational status and body image satisfaction for a sample of adult women employed in one of three occupational categories.

Objectives 1 and 2 were investigated using quantitative survey data collected from 121 women. Using the body figures scale, and assuming that any measure other than zero indicated some degree of dissatisfaction, 90.9% of the women surveyed were at least somewhat dissatisfied with their body image. Further, almost 60% of the women reported a body image dissatisfaction of 2 or greater. These data support the hypothesis that a majority of the women will exhibit body image dissatisfaction. These data are also somewhat consistent with what has previously been reported in the literature. Berscheid et al. (1973) reported that 25% of the women they surveyed indicated dissatisfaction with their overall appearance. In 1986, Cash et al. reported 38% of women surveyed as experiencing body dissatisfaction. More recently, Garner and Kearney-Cooke (1997) reported 56% of women indicating dissatisfaction with their body image. Together these numbers point to the existence of a large population of women who are dissatisfied with their body image. At almost 91%, the present study found a higher percentage of women with negative body image than has previously been reported. This is likely due to the specific targeting of women for a program designed to improve body image and for participation in interviews looking at body image and occupation. As well, while the body figures scale allows women to consider their body shape and size, and not focus specifically weight, the methodology does not allow for an exploration of how each woman interpreted the scale. Studies where weight has been specifically targeted as a measure of dissatisfaction have reported anywhere from 38% to 80% of women as being dissatisfied (Berscheid et al., 1973, cash et al., 1986, Davis & Cowles, 1991, Ferroro & Rouget, 1991, Garner & Kearney-Cooke, 1997, and Allaz et al., 1998). These data are more consistent with the data collected for this study. It is possible that there is a tendency for women to focus more predominantly on weight as a determinant of dissatisfaction even when overall body image dissatisfaction is being assessed. Indeed, weight as the predominant component of body image is exactly what was revealed by the qualitative data collected here. In both their definitions of body image and their descriptions of ideal body a majority of women interviewed discussed weight and losing weight respectively.

The high numbers of women reporting body image dissatisfaction in this and previous studies suggests that many women today experience negative body image to some degree. If we consider the possibility that at least one quarter of all women in our society are somewhat dissatisfied with their body image it becomes increasingly important to look at those factors which influence and shape body image for women. With increasing numbers of women in the workforce and increasing hours being spent at work, it is possible that occupation is one of the factors that influence a workingwoman's body image. Quantitative assessment of the relationship between body image dissatisfaction and occupation was accomplished by comparing the mean level of body image dissatisfaction among women who were employed and women who were not employed. Those women who were not employed reported a significantly higher mean level of body image dissatisfaction than did women who were employed. Further, compared to the women in the interview sample who were all employed, the remainder of the sample, of which 32% were not employed, had a significantly higher mean level of body image dissatisfaction. These data suggest that not having a job is related to greater body image dissatisfaction and this supports the research hypothesis that employed women will exhibit lower body image dissatisfaction than will women who are not employed.

Looking at the data around body image and occupation provides another opportunity to allow the quantitative and qualitative data sets to inform each other. Results of the qualitative interviews provide support to the conclusion from the quantitative data that employed women exhibited significantly lower body image dissatisfaction than did women who were not employed. At least half of the women interviewed, regardless of their level of body image satisfaction or dissatisfaction, discussed occupation as a positive contributor to their body image. Even some of the women who described the most negative body images indicated that their occupation is a positive influence on the picture they have of themselves. These women describe the positive influence of occupation as being related to feeling accomplished professionally, positive feedback from clients, patients, students etc… and the belief that they are valued in their workplace for their skills and knowledge and not their physical attributes.

Research in the area of women's work and health has found employment to be generally beneficial to the health of women (Hibbard & Pope, 1985, Adelmann et al., 1990, and Aston & Lavery, 1993). However, the research reviewed here did not include body image as a component of health. It is possible that the same aspects of work that positively impact a woman's health, including for example, sense of accomplishment, are also positive impacts on her body image. Based on the seemingly small role that occupation plays in a workingwoman's body image, it is my sense that occupation most likely influences body image secondary to having a generally positive impact on self-concept and overall well-being for women.

If, as suggested, body image were positively impacted by occupation secondary to an impact on overall well-being then one would expect a relationship to exist between perceived health and body image. In the current research, this relationship was explored using a scaled measure assessing impression of health from poor to excellent. Analysis of data from the sample as a whole, as well looking at the interview sample compared to the rest of the sample revealed a correlation whereby body image dissatisfaction increased as perceived level of health decreased. From these results it is possible to draw the conclusion that when a woman's perceived level of health is higher, her level of body image dissatisfaction will be lower (as is seen when looking at employed women versus women who are not employed). While a significant difference in impression of health was not seen between the interview sample (who were all employed) and the rest of the sample, the interview sample did reveal a slightly higher mean impression of health. A more telling analysis may have been to look at impression of health for all the employed women compared to all of the women who were not employed. To date there is still so much that is unknown, or minimally investigated in the area of body image and women's work and health; further research (using a definition of health that includes body image) is needed to better understand the impact of work on a woman's health and well-being, and subsequently on her body image.

The results of this project are not congruent with findings from previous work looking at occupation and body image. From a survey, also using the body figures scale, Stevens and Tiggeman (1998) concluded, in contrast to the current research, that women's body image satisfaction did not vary as a function of work status. Interestingly, they also reported that body image dissatisfaction was constant regardless of education level or marital status, and concluded that body image does not seem to be a function of broad demographic variables. The current research also found no significant difference in body image dissatisfaction relative to relationship status. However, in addition to the relationship already discussed between body image and occupation, a negative correlation was found between education level and body image dissatisfaction, suggesting that some pieces of the body image puzzle may indeed be functions, at least in part, of broad demographic variables.

Research looking at education level and body image has reported varying results. In the current research, higher education was associated with decreased body image dissatisfaction, both within the sample as a whole, and when looking at the Danone sample versus the interview sample; Stevens and Tiggeman (1998) found no relationship between education level and body image dissatisfaction, and Allaz et al. (1998) observed increased weight dissatisfaction with higher education. There are a number of differences between the groups of women sampled for each of these studies that could help explain these inconsistencies. Looking only at the research where a relationship between education level and body image was seen, the current research, which saw a decrease in body image dissatisfaction with increased education level, involved women aged 20-59 years who volunteered to participate in a body image program or who were specifically targeted by occupation to discuss body image in an in-depth interview. For the women in this project, 97% had completed high school, 56.7% had completed some secondary schooling, and 43.3% had completed university, graduate, and/or post-graduate degree. In contrast, Allaz et al. (1998) who reported seeing increased weight dissatisfaction with increased education, surveyed a random sample of women aged 30-74 years from the general population of Geneva, Switzerland. These women averaged 54.2 year of age with only 34% of the sample having graduated from high school. No further information is given regarding level of secondary schooling. Allaz et al. (1998) were specifically targeting women in an older age bracket and reported education level as either holding, or not, a high school graduation. It is not known whether this simple measure of educational status suggests that very little, if any secondary education was attained by any of the women surveyed. If it is assumed that very little, if any, secondary education was completed by the women surveyed by Allaz et al. (1998) then one could speculate that the positive relationship between education level and body image satisfaction seen in the current research is due to the high percentage of women having completed a university, graduate, or post-graduate degree, as opposed to having only completed high school. One could further speculate that women who go on to higher education are likely doing so in order to pursue a career and as such, afford themselves the opportunity for their occupation to play a positive role in shaping their body image as was the case for many of the women interviewed in this study. Interestingly however, even with higher education and the positive influence of their occupations, however, many of the women interviewed still had negative body image suggesting that while education and occupation may indeed play a role in shaping body image, they are certainly not dominating influences.

This study investigated two other demographic variables not explored elsewhere in the literature reviewed here: income level and having children. While no correlation was seen between income level and body image dissatisfaction, significantly greater body image dissatisfaction was seen among women with children than among women without children. Here again, the quantitative results are supported by the results of the qualitative surveys conducted in Phase 2 of this study. In discussions of events that had impacted their body image, many women brought up pregnancy. In each case, being pregnant, whether at a young age, or after having had other children, had a negative impact on the women's body image. Even the anticipation of becoming pregnant and the expected body changes was stressful for one woman. These women talked about not wanting their tummy to be so "out there," and about being worried about looking good "after." The general feeling was one of pregnancy as a negative influence on body image. This is congruent with the findings of Garner and Kearny Cooke (1997) who reported that one-third of the women they surveyed (n = 3452) said that pregnancy was a significant source of negative body feelings. They concluded that: "a fear of fatness may be perverting women's attitudes toward pregnancy and childbearing" (p.40). It is possible, that the negative impact on body image of pregnancy experienced by some women persists even after giving birth. Given the predominance of weight as a component of body image, this is probably especially true for women who do not lose all of their pregnancy weight. I think it is a strong statement about our society and the pressure on women to look a certain way, that even one of the most beautiful times in a woman's life can be overshadowed by feelings of body image dissatisfaction.

While there are definitely numerous personal variables that impact body image for women, it does appear that a relationship exists between body image and some broad demographic variables including occupational status, education level, and having had children. With such varying results in the literature in some areas, and little if no research in other areas, further investigation of the relationship between broad demographics variables and body image might provide further insight. If some of these variables (e.g. lower education level) are determinants of poorer body image then it is likely that the reverse (e.g. higher education) is a protective factor for positive body image. A greater understanding of which factors are detrimental and which are protective for women with regard to their body image could provide effective direction to future programs and interventions designed to improve body image among samples of adult women.

A secondary analysis of the quantitative data looking at the interview sample compared to the rest of the survey sample revealed a significantly higher mean body image dissatisfaction among women not in the interview sample than was seen among women in the interview sample. This is evident in the much smaller range of current body figures (figures 2 to 5) chosen by the interview sample compared to the rest of the sample (figures 1 to 9). Further, while this significant difference between mean current body figures was seen for the two samples, this difference was not seen for mean ideal body figure. The results of the quantitative analysis are useful as for understanding and explaining this difference in body image dissatisfaction seen between the two groups of women.

1. For the sample as a whole, it was reported that mean body image dissatisfaction was greater among women who were not employed than among women who were; 100% of the women in the interview sample were employed and these women exhibited significantly lower mean body image dissatisfaction than did the women in the rest of the survey sample, of whom only 68% were employed.
2. It was also reported that increased education level was consistent with decreased body image dissatisfaction; while a statistical analysis was not completed to compare the interview sample to the rest of the sample, the interview sample (of which 83% had completed some university) had significantly lower mean body image dissatisfaction than did the rest of the sample (of which only 68% had completed some university).
3. Analysis of the data for the entire sample also revealed that having had children was associated with significantly greater body image dissatisfaction; here again, while no statistical analysis was completed to compare the two samples, slightly fewer women (50%) in the interview sample (which reported significantly lower body image dissatisfaction) had children compared to the rest of the sample (59%).
4. It was reported that a poorer perceived level of health was associated with increased body image dissatisfaction; while there was not a significant difference between mean impression of health scores between the two samples, 75% of the

interview sample compared to 54% of the rest of the sample reported their health as being excellent or very good.

I would like to restate that no woman in the interview sample chose a body figure greater than 5 for their current body image. This is particularly interesting because there was at least one woman from the interview sample who could easily have selected body figure 9 as her current body figure. It is possible that this same situation existed for individuals from the Danone sample as well however, this is not known as other researchers conducted the surveys for that sample. This discrepancy between subjective body image and objective body reality is body image distortion. Body image distortion is widely reported in populations with eating disorders. In this case, however the distortion is in the opposite direction (i.e. having a larger subjective body image than the objective reality would indicate), than is seen for the woman mentioned above. Here, the distortion, while still a distortion, is in a positive direction. That is, this woman has a picture of herself in her head that is smaller than she actually is. In such a small sample, this positive distortion may have skewed the mean body image dissatisfaction level reported for the interview sample. Had this woman reported her current body figure as an 8 or 9 and still had an ideal of 4, a body image dissatisfaction measure of 4 or 5 (compared to a measure of 1) may have been included in the calculation of mean body image dissatisfaction for the interview sample which given the small sample size, could have significantly increased the mean level of body image dissatisfaction for this sample. However, based on the results of her qualitative interview, it is more likely that this positive distortion is a large part of this woman's positive body image, and that the low measure of body image dissatisfaction is independent of the actual figures selected. In other words, had a current body figure of 8 been chosen, her corresponding ideal body figure would have then been 7. In her words, "I'm not heavy when I see myself… I just don't at all see myself as being a heavy person. I see myself as being strong, independent, and thin." In conclusion, the significant difference seen between the interview sample and the rest of the sample is likely accurate and as outlined above is supported by other quantitative findings from this research.

The third specific objective of this study was to explore the themes and issues around body image for adult workingwomen. This objective was investigated qualitatively through in depth interviews with 12 women. I had hoped to elucidate body image themes and issues specific to workingwomen, however, aside from some limited discussion of the impact of occupation on body image, few pieces of the body image puzzle discussed by any of the women related directly or indirectly to being employed. Due to the integrated nature of data collection and analysis in qualitative research, some discussion of the themes and issues around body image is included with the presentation of the interview results. It is interesting, however, to take an opportunity to compare the qualitative themes revealed in this research, including messages, life events, daily experiences, and society, with what has been investigated in previous quantitative research. Appendix 9 provides a summary comparison of these body image themes as reported in the literature and in this research.

Unique to each individual, life events and daily experiences do not lend themselves well to being investigated using quantitative research methods. As a result only one of the studies reviewed here reports results relating to either life events or daily experiences. The Psychology Today survey conducted by Garner and Kearney Cooke

(1997) investigated a very broad range of topics around body image and as such provides some data for comparison with the current research.

In addition to pregnancy, which was previously discussed, the current research reveals two daily experiences that have also been reported previously in the literature: exercise and the mirror. Garner and Kearney Cooke (1997) reported that 44% of women felt that not exercising regularly contributed to body image dissatisfaction. Many of the women I interviewed talked about increased fitness levels and/or body toning as components of their ideal body. Interestingly, one woman, when asked how her body image influences her decisions or actions, replied that when she feels better she tends to go to the gym more and when she is not feeling as good, she is not as likely to go to the gym. Likely this situation is not unique to this woman, but rather is a phenomenon experienced by many women: when they feel good about their bodies they do more, including exercise, and when they feel worse about their bodies they do less. The results of my interviews combined with the findings of Garner and Kearney Cooke (1997) suggest the potential for women to get caught in a cycle that perpetuates negative body image feelings: not exercising = poorer body image; poorer body = less exercise = poorer body image. Recognizing the potential for negative body image to be a deterrent to exercise could provide direction for strategies to encourage physical activity and motivate change. In a time where the benefit of physical activity and active living to health and well-being are becoming increasingly understood, it seems important to give further consideration, through future research, to this body image - exercise feedback phenomenon. If lack of exercise negatively influences body image then it is possible to assume that in addition to being beneficial to their physical health, regular exercise may benefit women through positively influencing body image.

The mirror was a concept that came up in numerous interviews. I classified interactions with the mirror as daily experiences that impact body image. Garner and Kearney Cooke (1997) found that 44% of the women they surveyed said looking at their stomach in the mirror was instrumental in making them feel bad about their body. Sixteen percent of women felt the same way about looking at their face in the mirror. For the women I interviewed, one woman did discuss how the mirror could be a positive influence on her body image by reminding her of how "good" she looked on a given day. Most women, however, talked about the potential for the mirror to be a reminder or a reinforcement of a negative body image. The possibility of being "reminded" of negative body image suggests that women who are "reminded" of their negative body image when they see themselves in a mirror must not constantly be thinking about their body image. This is interesting because the massive amounts of data generated through these interviews and the predominance of body image dissatisfaction reported in this, and other research would lead researchers and readers to believe that body image dissatisfaction is an all-encompassing issue for women in society. While body image dissatisfaction appears to most certainly be an issue for women, it is important to consider that much of the research discussed here including the current research and all of the Psychology Today surveys have drawn their conclusions based on information from women who were either specifically recruited for a body image project, or who voluntarily completed a body image survey in a magazine. Even some of the random population surveys (including specifically those that were mailed out to participants) were more likely completed by women with a particular interest in the topic. Without discussing body image within the context of other issues, it is impossible to know its relative importance in the everyday lives of women. The qualitative data revealing that women are "reminded" of negative body image when they see themselves in a mirror suggests that without that encounter, body image would not have been at the forefront of their thoughts. That is, their negative body image is forgotten. The second possibility is, that in the absence of seeing herself in a mirror, there is some time for these women where their negative body image is replaced with some other image of themselves, one that is more positive. While it is obviously not possible to remove all mirrors and windows that women encounter in a day, it is positive to think that these encounters are only brief moments that are, as one woman I interviewed said, "gone once I leave the mirror."

The impact of messages, as well as the impact of society on women's body image has been investigated somewhat more extensively in the literature than the impact on body image of life events or daily experiences. What I have termed messages, is more commonly referred to in the literature as teasing or negative verbal commentary. Cash et al. (1986) concluded that adults who were teased as children about their appearance are more likely to be dissatisfied with their appearance. When asked what has impacted their body image, at least half of the women interviewed discussed something related to being teased as a child, or receiving negative verbal commentary from a family member, or significant other. Not only could these women recall times in their lives where they had received negative verbal commentary, but they could recall who the message came from, and in some cases could repeat verbatim what had been said to them. Many of the women with the most vivid memories of messages they had received also described negative pictures of themselves. This connection has been reported in previous work that has found negative verbal commentary to be a predictor of body image dissatisfaction and problematic eating behaviours (Thompson and Heinberg, 1993 and Akan and Grilo, 1995). I did not broach the issue of disordered eating or discuss dieting of any sort as a part of my interviews. Further investigation in my interviews may or may not have revealed patterns of dieting or problematic eating; either way, the quickness with which the women responded about being teased or receiving negative verbal commentary and the vividness of their memories suggests a definite negative impact of these messages.

Society's influence on women's body image and self-concept is not a new phenomenon and has been investigated extensively in the past (Cash et al., 1986, Monteath & McCabe, 1997, Garner & Kearney Cooke, 1997). In particular, research has shown that social comparison or frequent comparison of self to an ideal is a predictor of body image dissatisfaction (Thompson & Heinberg, 1993; and Stormer & Thompson, 1996). Comparison of self to an ideal was a recurring theme in the interviews that I conducted. Many women spoke about the unrealistic expectation put on women by society and that not meeting those expectations results in feelings of poor self-esteem and body image dissatisfaction. Something interesting coming out of this work is the idea of women as a part of the society that creates the ideal. That is, the role that women themselves play in perpetuating and reinforcing the ideal; the same ideal that undermines their own self-esteem and leads to body image dissatisfaction for many. It would seem that society's ideal is so pervasive that is has been accepted, if not subconsciously, by the same women that it so negatively impacts. While most women recognize the unrealistic nature of society's expectations for women's bodies, many simultaneously impose those same unrealistic expectations on the women around them: their doctors, their gym instructors, their hair stylists, and even their peers. It is possible, that by not accepting deviation from the ideal in the women around them, women are not able to be satisfied with anything less than the ideal for themselves. Critical reflection of the expectations women place on the women around them, and acceptance of their size and shape, may be a key step toward women being able to be satisfied with their own body image. This seems reverse to the logic that accepting yourself first will allow you to accept others, however it is possible that with regard to body image, it may be an easier step for women to reach acceptance of others before they accept themselves.

As discussed, my research supports much of what has been previously reported in the literature around body image. However, by collecting qualitative data I believe I have been able to add some insight into the shear complexity of body image, and to possibly suggest new areas for research, particularly in the areas of: 1) women's work and health where body image is included in the definition of health; 2) body image and exercise; and 3) in the role that women play in perpetuating the societal ideal. As well, I think that these interviews provide data suggesting that body image is not constant; body image has been investigated as something that fluctuates throughout the lifespan (Rozin & Fallin, 1988; Pliner et al., 1990; Ben-Tovim & Walker, 1994; Guaraldi et al., 1995; Allaz et al., 1998; and Stevens & Tiggemann, 1998), but this research reveals that it actually fluctuates not only throughout life, but daily, and from moment to moment throughout the day.

The fourth specific objective of this study was to examine the relationship between occupational status and body image satisfaction for a sample of women employed in one of three occupational categories. The occupational categories and my predictions for each category were as follows:

a) For frontline occupations where image is a predominant feature of the job there is a relationship between body image and occupation;

b) For occupations that are not frontline, but where image is still likely central to success, a relationship between occupation and body image probably exists; and

c) For occupations that are not frontline and where maintaining an ideal image is not necessarily central to success, a relationship between occupation and body image does not exist.

These categories were originally made to look for a relationship between body image and different types of occupations. The categories were not random, but rather were based on assumptions about particular job characteristics including the frontline nature, or not of different occupations and the perceived level of the importance of image as an element for success. While hypotheses should not have been made to direct the qualitative research process this is indeed the role that the above predictions were intended to play. However, as the research took shape and all interviews were conducted the same way without bias toward the occupational category from which participants were recruited, the categories evolved into simply a way to provide direction for interview sampling. That said, recruitment of participants within these occupational categories does provide an opportunity that should not be missed to look at the relationship between body image and these particular occupations categorized as they were.

In depth analysis of the interview transcripts revealed some interesting results. As was expected, women in occupational category 3 (not frontline, image not central to success) described the most consistently positive body images. It was predicted that the women in occupational category 1 (frontline, image central to success) would exhibit the most consistently negative body images, but this was not the case, as these women reported varying levels of body image dissatisfaction. It was expected the some of the women in occupational category 2 (not frontline, image central to success) would be dissatisfied with their body image, but surprisingly it was these who described the most consistently negative body images. That said, it should be noted that in all three occupational categories there were women who described negative body images, and women who described very positive pictures of themselves. As such, it is not possible to suggest a relationship exists between body image and occupation based on these categories. However, the more consistently positive and negative body images seen in categories three and two respectively do provide an interesting springboard from which to further investigate.

In addition to looking at the body images described by each of the women by occupational category was only one piece of the investigation of the relationship between body image and different occupations. The impact of occupation on body image for these women was also investigated. As with the descriptions of body image, there is limited consistency among the occupational categories with regard to their impact on body image for these women: within each occupational category there are some women whose occupation impacts their body image (whether positively or negatively), but there is no one category where this is consistent for all the women. The women in occupational categories 2 (not frontline, image central to success) and 3 (not frontline, image not central to success) were split almost evenly into women who felt that their occupation was a positive contributor to their body image and women who felt there was no relationship between their occupation and their body image. The women in occupational category 1 (frontline, image central to success) vary: one woman felt there was no relationship between her occupation and her body image, one woman felt her occupation positively influenced her body image and two woman felt that their occupations contributed negatively to their body images.

This objective looked specifically at a possible relationship between body image and occupational status, and as such there is very little previous work to compare this research too. In fact in my review of the literature I found no research that qualitatively investigated body image and occupation or that looked at body image by occupational category. As a follow up to this type of general investigation looking at a broad range of occupations, future research would do well to conduct similar investigations that looked only at women in one specific occupation, or occupation type.

Based on these qualitative results looking at body image and occupation, I am not prepared to draw a conclusion about the relationship between these occupational categories and body image for the women I interviewed; not only does there not appear to be a consistent influence of occupation on body image for the women in the different occupational categories, neither do logical patterns of occupations exist for satisfaction or dissatisfaction and occupation, or for those women who say their occupation is a positive influence, or no influence on their body image. Nevertheless, the two women who felt that their occupation had a negative influence on their body image were both from occupational category 1(frontline, image central to success). This is not particularly surprising given the frontline, image-focused nature of the occupations in this category (hairdresser, salesperson, personal trainer, and receptionist) and I believe this finding supports my earlier suggestion that a more in depth look at the impact of a single occupation, specifically these types of frontline, image-focused jobs on body image for women would provide more evidence than is found here, of a relationship between this category of occupations and body image dissatisfaction in women. I am prepared to conclude, however, that working in general has a positive influence on body image for many women. Further, it is my sense from conducting these interviews that a woman who has issues with her body will have those issues regardless of her particular occupation. Conversely, a woman who sees herself positively will continue to do so regardless of her occupation.

Some women discussed the impact that a negative or positive body image has on their day-to-day activities including, for example, choosing to go to the gym, wearing a two-piece bathing suit, or agreeing to speak in public. In my interviews I tried to get at whether body image had ever impacted larger decisions in the women's lives like for example, career decisions. The possibility of finding evidence of this was one of my original motivations for undertaking this particular area of research. I thought that if body image influences day-to-day decisions that women make then possibly it is embedded in their consciousness to such a degree that it could also play a role in the larger decisions that women make in their lives. If this were the case it would provide more weight to the argument that body image dissatisfaction among young women needs to be taken very seriously as it might, in addition to occupying their energy and their thoughts, and possibly putting them at risk for eating disorders, limit their futures by influencing their career choices. Happily for the women I interviewed, there was no evidence that body image had influenced any of their major life decisions.

One final theme that arose out of my interviews that I think is worthy of noting, and would be very interesting to investigate further, relates to a body image "set point". Many of the women I interviewed talked about a point in time in their lives that set the stage for how they would feel in the future about their bodies. For some of the women this came out in their discussion of the mirror: seeing them self was a surprise because the woman they saw in the mirror was not the woman they see in their head. For some of the women they continued to see themselves positively as they had seen themselves at some earlier point in life and for others they continued to carry a negative picture of themselves they had developed at some earlier time. Do women have some set point for body image that they continue to see themselves at regardless of the changes that occur after that time? If so, what determines which picture will be the constant point of comparison throughout their life? These are some of the questions that intrigue me the most as I continue to review the results of my research. I would like to suggest as a starting place that if there is such a thing as a body image set up, there is likely some connection to adolescence. Previous research shows that adolescence and early adulthood are critical periods in the development of a person's body image (Carroll et al., 1985), and in this research the life point for many of the women that set the stage for how they would feel in the future about their bodies was during adolescence.

There is so much potential for future work in the area of body image and adult women that could lead to better understanding of body image dissatisfaction, its causes and its repercussions. This research suggests that body image dissatisfaction impacts most women's lives in some way. Previous work has suggested that some women would give up 10 years of their life to have their ideal body today: others actually harm themselves physically by smoking, dieting, or participating in other forms of disordered eating in attempts to achieve their ideal body. I believe greater understanding of the body image phenomenon could lead to more effective strategies to help women, especially those for whom body image is a pervasive issue, to positively change their body image, minimize the experience of negative body image, and in some cases even give back quality of life. It is my hope that this research has provided further insight into body image, particularly as it is experienced by adult workingwomen.

In addition to trying to gain understanding of the body image experience for adult, workingwomen, this research was also an exploration of using mixed qualitative and quantitative methods. A mixed method design was chosen for this study due to the nature of the research questions being asked. Looking at the level of body image dissatisfaction and its relationship to various factors required summarizing large amounts of quantitative data, while qualitative methods were required to explore themes, including occupation, around body image dissatisfaction, and to understand the experience of body image dissatisfaction.

Initially, this project was designed to be qualitative in nature. Qualitative methods are valuable for investigating sensitive and personal issues, such as body image, which can be difficult to understand quantitatively. It was also thought that qualitative methods would provide greater familiarity with the phenomenon of body image and allow greater understanding of the experience of body image dissatisfaction. When it was decided that some measure of prevalence, as well as analysis of the relationship between body image dissatisfaction and a number of demographic factors including employment status would be beneficial to the research, a qualitative/quantitative methodology was designed.

This mixed method design was beneficial because in the quantitative phase a large amount of data was summarized and generalizations were made about the prevalence of body image dissatisfaction and its relationship to a number of factors; with only qualitative data, it would have been impossible to make generalizations about the interview sample, let alone about an entire population. However, as a complement, the qualitative phase provided detail that set the quantitative results into the their human context. In other words, the qualitative data provided possible explanations for the quantitative results. For example, quantitative analysis revealed that women who were employed had lower mean body image dissatisfaction than did the women who were not employed. Analysis of the qualitative data revealed that, even for women who reported poorer body image, occupation was a positive influence on the picture they had of themselves. Together, qualitative and quantitative data can be used to corroborate or validate data collected using the other method.

The opportunity for diverse kinds of data to support the same conclusions, as discussed above, is a definite strength of a mixed method design. There is, however, also the chance that the data will not support the same conclusions. This presents a challenge in how to handle divergent results. It can also be a difficult, especially with divergent results to decide how to weight the different data sources. Within the current research, divergent results were not seen between the quantitative phase and the qualitative phase.

There are different ways to approach mixed method studies. In this case one method was not used to direct a second stage of the project using the other method, but rather there was little, if any interaction between the two data sets during data collection. In this research, interaction of the two data sets occurred only during the analysis and discussion. Throughout the discussion it has been outlined where the qualitative data collected here opens up areas for further quantitative investigation. Quantitative methods could be used to explore in large samples of women, the exercise paradox, as well as the impact of body image on occupation secondary to its impact on overall well-being for women. It might also be possible to initially investigate the idea of a body image set point using quantitative methods. This research supports the position that used together, qualitative and quantitative methods direct and enlighten research done using the other method.

Research is conducted to gain understanding and insights about a given topic, in this case body image as adult, workingwomen, experience it. It is my belief that future research serves only to benefit from mixed method approaches whereby the researcher can maximize the strengths and minimize the weaknesses of each individual method.

Limitations

There are some who would suggest that this study was limited from the outset by nature of the methodology chosen (i.e. including qualitative methods). I believe there are a number of limitations to consider when interpreting the information presented, not the least of which is my limited experience in the field of qualitative research, which has certainly influenced the amount and quality of data collected. The benefit to conducting a mixed-method research project is in being able to capitalize on the strengths of both qualitative and quantitative methods, and at the same time minimize the weaknesses of each method. This type of project may have been somewhat ambitious for a researcher, like myself, who is not yet fully comfortable with either method, let alone working with both simultaneously.

It is possible that participants were not completely willing or completely honest about sharing their own body image experiences. This too, may have limited the amount and quality of data collected. I worked very hard to overcome these limitations. Throughout the process of conducting my interviews I constantly revisited my objectives to ensure that I was collecting appropriate data. This process resulted in a number of revisions to the interview guide. I also took a lot of time with each of the women I interviewed to chat about myself, and the project, in an effort to establish rapport and build a foundation for an open and honest interview.

It should also be noted that conclusions drawn from the quantitative data might be limited in that in an effort to maintain a manageable project, and with the desire to focus on the qualitative component, only one measure of body image dissatisfaction was used. The body figures scale has good psychometric properties and reasonable test-retest reliability however, on its own, may be an incomplete measure of body image dissatisfaction. In the past, the body figures scale has been used as the sole measure of body size dissatisfaction (Stevens & Tiggemann, 1998), and body perception (Fallon & Rozin, 1985), however, with the obvious complexity of body image dissatisfaction, conclusions may be better drawn where additional measures (i.e. beyond weight, size, and shape) are considered. That said, there are two components of this research that support that sole use of the body figures scale, one that was written into the research design and one that was revealed in the research results. Women who completed the survey were recruited for either a program to improve body image or for a body image interview. In the case of the interview sample, surveys were done after the interview was conducted to ensure that the scale was completed within the context of the body image as a whole. For the rest of the sample, the scale was completed as part of a much larger survey that also provided context for the scale. Additionally, it was revealed through the qualitative interviews that a single factor, weight, was indeed the predominant component of body image suggesting a single measure of body image may not be as limiting as might be presumed.

With respect to the qualitative phase of this project, a limitation that must be discussed lies in the categorization of the occupations. It has been discussed throughout this paper that these categories were not random, but rather were based solely on assumptions about the characteristics of the occupations, including the frontline nature, or not and the importance of image for success of the jobs within each category. The research process revealed that this likely limited the project because in qualitative research the recruitment process should not be directed by a preset plan. While in the end the occupational categories did provide a framework for recruitment of participants, women should probably have been recruited completely randomly, and occupational trends looked for as part of the analysis. Preconception, or the tendency to collect field data to fit a preconception can be a limitation in qualitative research. In this case, the preconception was written right into the research design. Therefore, as presented, the analysis and discussion of the interview data by occupational category need to be considered as being limited by the assumptions upon which the categories were formed.

That said, while the a priori categorization of occupations used in this research was, in the end, concluded to not make sense in terms a relationship with body image, it is a benefit of this research to have found this out. In categorizing the occupations it was discovered that not only was there no relationship between these categories and body image, but that there was no apparent grouping of occupations that would have supported a different conclusion.

Conclusion

This research was driven by my own body image experiences, by the experiences of the women in my life, and by the limited work that has been done looking into the *experience* of body image for adult workingwomen. I began this study hoping that through further understanding of the experience of body image and its influences and impacts on the lives of workingwomen, I could provide effective strategies to help women see themselves and subsequently live their lives, in a more positive and healthy way. In the end, I understand one thing; body image is a phenomenon so complex, there is certainly no one answer for all women. Even so, I believe this research hints at areas where some women could find success in overcoming negative body image. For example, the proposed body image - exercise feedback cycle suggests that recognizing body image as a barrier to exercise and overcoming that, could open the door for exercise to not only be a positive influence on physical well-being, but also to build and perpetuate positive body image for women.

Even without finding an answer to body image dissatisfaction, which may have been an overly ambitious goal, this mixed method investigation of the body image phenomenon provides new and deeper insights than have been seen in previous research.

For example, in looking at body image and occupation, not only was it determined through quantitative analysis, that there is indeed a relationship between the two; but the qualitative data revealed why: working provides a sense of accomplishment and worth that is not dependent on physical attractiveness, size, or shape. The qualitative data also helped to put the relationship between body image and occupation into perspective. That is, even though being employed is associated with a lower level of body image dissatisfaction, and occupation appears to be a positive influence on body image, it is not a dominant factor. This is not to suggest that body image is not something that should be addressed in the workplace. I had originally suggested that exploring the workplace as a component of body image could open the door to including body image issues as an area for occupational health and employee wellness programs to address. Addressing body image would still be a very positive step for these programs to take: not from the perspective that occupation plays a large role in influencing body image, but from the perspective that poor body image can impact every aspect of a woman's life including, as discussed by many of the women I interviewed, their work.

In my attempts to explore and understand the body image phenomenon, body image appeared as a puzzle, unique to each woman in the type, size, and shape of each piece. A puzzle, while portraying uniqueness, does not capture the complexity of body image, nor does it portray its variable nature. Body image is truly a kaleidoscope: A million influencing factors and resulting impacts, changing with every movement, and unique to each person who looks in. I like this analogy because a kaleidoscope must be turned, or moved in order for the patterns to change. In this, there is an aspect of control; control presents the opportunity for change. As women we hold the key to changing our body image. There is a decision we can make to not accept the ideal handed out so readily by society and perpetuated unfortunately by so many of us. There is also a decision we can make not to allow that reflection in the mirror to cripple us. Take the mirror on; let it reveal those things beyond the surface like success in friendships, accomplishment at work, and respect from our peers. We are the society that accepts the ideal; when we accept ourselves instead, the ideal will follow.

In my mind I have a picture of myself that is my body image. It is a complex culmination of events and experiences, varying from moment to moment; it is not always positive and in these things I am not alone. I am a workingwoman, one of millions living in a society where women experience body image dissatisfaction pervasively; I for one, however refuse to accept it as normal.

In the mirror I see a woman.
The woman is me.
I am beautiful. I am happy.
I have decided…
I will feel this way tomorrow too.

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Appendix 1
Summary: Prevalence of Body Image Dissatisfaction

Authors	Sample	Results
Berscheid, Walster, & Bohrnstedt, 1972	n = stratified sample of 2000 (from 62,000 surveys) 50% men, 50% women	- 25% of women dissatisfied with their overall appearance - 38% of women dissatisfied with their weight
Cash, Winstead, & Janda, 1986	n = 2000 people (51% women) responding to magazine survey, age range from 20 – 74 years	- 38% of women reported body dissatisfaction - 55% of women dissatisfied with their weight
Rozin & Fallon, 1988	n = 55 daughters (M = 18.6 years), 97 mothers (M = 46.5 years), 42 sons (M = 19 years), 97 fathers (M = 50.3 years)	- Older generation more dissatisfied with their body image than the younger generation - Both mothers and daughters showed notable disparity between current and ideal shape
Pliner, Chaiken, & Flett, 1990	n = 334 female and 305 male visitors to a museum (ages 10-79 years)	- Women were more concerned about eating, body weight, physical appearance and had lower self-esteem than men
Davis & Cowles, 1991	n = 112 physically active women (M = 23.5 years, range = 14-58), and 88 men (M = 28.45 years, range = 16-64)	- Women reported greater body dissatisfaction - 80% of young women and 70% of older women wanted to lose weight
Ferroro & Rouget, 1991	n = 1403 male & 1688 female university students	- 80.9% of the sample indicated weight loss is desirable - 52.1% of women and 37.4% of men desired a weight change
Altabe & Thompson, 1993	n = 282 female & 211 male undergraduates, ages 17-40	- Females had greater body dissatisfaction than males - Current vs. ideal discrepancy increased with age - Females perceived themselves as becoming heavier with age
Ben-Tovim & Walker, 1994	n = 502 women from a pseudo-random sample (ages 16-65 years), and 723 high school females (ages 13-18 years)	- No independent effect of age on body attitudes
Guaraldi, Orlandi, Boselli, & Tartoni, 1995	n= 96 female subjects (ages 7 – 65 years)	- Using the Body Cathexis Scale, body dissatisfaction increased with age

Appendix 1
Summary: Prevalence of Body Image Dissatisfaction (cont…)

Authors	Sample	Results
Garner, & Kearney Cooke, 1997	n = 4000 people (86% women, ages 13–90 years) responding to a magazine survey	- 56% of women reported body dissatisfaction - 66% of women unhappy with their current weight - 15% of women would sacrifice 5 years of their life to achieve their ideal body weight
Allaz, Bernstein, Rouget, Archinard, Morabia, 1998	n = 1053 women, ages 30-74 years	- 71% of women wanted to be thinner, although 73% were at normal weight - Of women over 65, 62% wanted to be thinner

Appendix 2
Summary: Determinants of Body Image

Determinant	Authors	Related Findings
Teasing, Negative Commentary	Cash, Winstead, & Janda 1986, Thompson & Heinberg, 1993, and Akan & Grilo, 1995, and Stormer & Thompson, 1996	Respondents who reported being teased about their appearance as children were more likely to evaluate their appearance negatively. Negative verbal commentary or teasing predicted body image dissatisfaction
Cultural Factors	Akan & Grilo, 1995	Caucasian women had highest levels of disordered eating and body dissatisfaction compared to Asian- and African-American women
	Ogden & Elder, 1998	White subjects indicated a slimmer ideal compared to Asian subjects, and white daughters showed greatest body dissatisfaction compared to white mothers, and Asian mothers and daughters.
Exercise	Garner & Kearney Cooke, 1997	44% of women said not exercising regularly contributed to body dissatisfaction.
	Davis 1990	Weight preoccupation was influenced by subjective body shape in exercising women. Body satisfaction related to emotional well being more for exercising women.
Attitude	Ben-Tovim & Walker, 1994	Body attitudes did not vary significantly for women with BMIs below 30 compared to women with BMIs over 30.
	Monteath & McCabe, 1997	Body attitudes predicted both perceptual distortion and satisfaction with body size.
Societal Influences	Monteath & McCabe, 1997	Deviation from the societal ideal is a predictor of body dissatisfaction. 96% of women perceived themselves to be larger than the ideal.
	Thompson & Heinberg, 1993, and Stormer & Thompson, 1996	Social comparison – frequent comparison of self to ideal is a predictor of body dissatisfaction.
	Cash, Winstead, & Janda, 1986, and Stormer & Thompson, 1996	Internalization or acceptance of the ideal is more influential than awareness of the ideal in predicting body dissatisfaction.
Occupation	Stevens & Tiggemann, 1998	Body image dissatisfaction did not vary with age, marital status, educational level or occupational status.

Appendix 3
Participant Information Letter

Project Title: *Theorizing the Relationship between Body Image and Occupational Status in Adult Women*

Investigators: Andrea Thain, B.Sc., M.Sc. (in progress), (403) 341-7820; Cameron Wild, Ph.D., Professor, (780) 491-9414

Project Goals and Rationale:

As a part of my Masters Thesis I am conducting a study looking at the relationship between occupational status and body image in adult women. The information obtained from this interview will be used to help understand this relationship and its implications for women.

Interview Procedure:

I will be interviewing women in different occupations in order to capture and contrast the experiences of women in occupations where body image is expected to play a role with the experiences of women in occupations where body image is not expected to play a role. I will be talking to you about your occupation and its relationship to the image you have of your body.

The interview will last approximately 1½ to 2 hours and will be held at a time and place that is convenient and comfortable for you. The interview will be tape recorded and transcribed word for word so that it can be analysed by the investigator.

Confidentiality:

I will be the only person listening to the interview tapes. All identifying information will be removed when the interviews are transcribed. Only numbers and/or pseudonyms will be used to identify tapes and transcripts of tapes. The original typed notes and tape recordings will be stored in a secure place and will be available only to the investigator.

Benefits and Risks:

You will not be harmed as a result of participating in this process evaluation. Nor do I expect that you will benefit directly, however, your insight may contribute to a greater understanding of the relationship between occupational status and body image in adult women.

Freedom to Withdraw:

You are not obliged to participate in this interview and may withdraw at any time. However, it is believed that everyone being interviewed has something important to contribute. Each interviewee offers a unique perspective for explaining and interpreting certain issues and I would appreciate and welcome your participation and contribution.

Right to refuse to answer a question:

You are not expected to answer any question that you do not wish to.

Appendix 4
Informed Consent

Project Title: *Theorizing the Relationship between Body Image and Occupational Status in Adult Women*

Investigators:
Andrea Thain, B.Sc., M.Sc. (in progress), (403) 341-7820
Cameron Wild, Ph.D., Professor, (780) 491-9414

Do you understand that you have been asked to be in a research study? Yes No

Have you read and received a copy of the attached Information Sheet? Yes No

Do you understand the benefits and risks involved in taking part in this research study? Yes No

Have you had an opportunity to ask questions and discuss this study? Yes No

Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and it will not affect your care. You will also still be paid for participating. Yes No

Has the issue of confidentiality been explained to you? Do you understand who will have access to your records? Yes No

This study was explained to me by: ________________________________

I agree to take part in this study. Yes No

____
Signature of Research Participant Date Witness

______________________ ______________________
Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

______________________ ______________________
Signature of Investigator or Designee Date

A copy of this consent form has been given to you to keep for your records and reference. Thank you for your consideration.

Appendix 5
Phase 2 Recruitment Poster

Body Image

"The picture in our mind that we paint of our body"

We want to talk with women about the relationship between their body image and their job.

We are looking for healthy women between the ages of 20 and 60 who are currently employed in any of the following occupations:

- ✓ Hairdresser, Beauty Consultant, Fitness Instructor, Salesperson, or Receptionist
- ✓ Lawyer, Chartered Accountant, Entrepreneur, or Health Care Professional
- ✓ Professor, Teacher, Minister, Tele-Marketer, or do you have a home-based business?

Are you interested in learning more about this study, or in becoming a participant in a one-time, 1 ½ hour interview?

Call Andrea - 341-7820

This project is being conducted as part of a Master's Thesis and has approval of the Health Research Ethics Board at the University of Alberta.

Appendix 6
Quantitative Survey

1. What is your relationship status?
_____ Married/Common law/In a committed Relationship
_____ Single/Separated/Divorced/Widowed

2. What is your current employment status?
_____ Employed (part time)
_____ Employed (full time)

3. What is your highest level of education?
_____ Grade 9 or less
_____ Some high school
_____ High school diploma
_____ Some university
_____ University degree/ Postgraduate degree

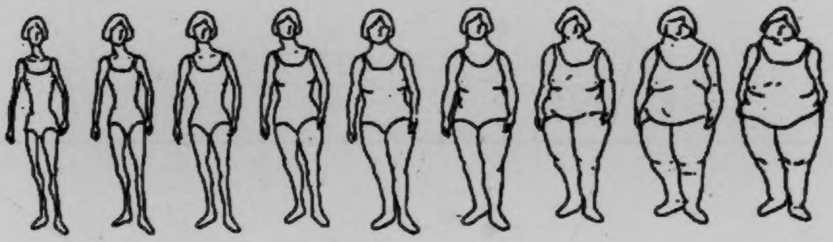
4. What was your total household income last year? ($)
_____ Less than 20,000/year
_____ 20,000 - 29,000/year
_____ 30,000 - 39,000/year
_____ 40,000 - 49,000/year
_____ 50,000 - 59,000/year
_____ 60,000 - 69,000/year
_____ 70,000/year or greater

5. Do you have any children? _____ No _____ Yes

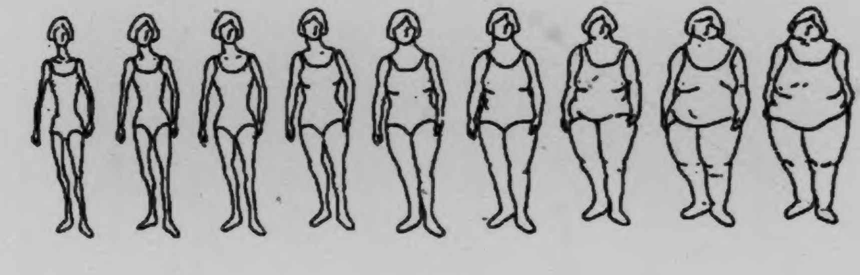
6. In general, would you say your health is: (circle one number)

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1

Please look at the following set of drawings and indicate with an arrow the figure that most represents how you feel your body looks right now.



Please look at the following set of drawings and indicate with an arrow the figure that most represents your ideal body figure.



Appendix 7
Interview Guide #1

Introductory Statement:

My name is Andrea Thain and I am a graduate student in Health Promotion at the University of Alberta. This interview is part of my Master's thesis, which is looking at the relationship between body image and occupational status in adult women, so I will be asking you questions both about your body image and your occupation. The whole interview may take between 1 and 1½ hours to complete. I hope you will answer all the questions, but feel free not answer any questions that make you uncomfortable. Do you have any questions before we begin?

I would like to start by discussing a little bit about yourself and the work you do.

1. How would you describe your current occupational position?

Probes:

- What are some characteristics of your job?
  - Responsibilities
  - Amount and type of public interaction
  - Social network/support
- How long have you been in your current position?
- Why did you want to do this type of work?
- What do you see as the requirements for getting a job like this?
- What characteristics do you see as contributing to success in a job like this?

2. How would you describe yourself?

Probes:

- In your personal life? / In your professional life?
  - Strengths
  - Weaknesses
- What aspects of yourself do you feel you contribute to your job?
- If people could be classified as being relationship first people, occupation first people, or occupation equals relationship people, where would you see yourself on that scale? Are you satisfied in this position?

I would like to change gears a little here and ask you…

3. How do you feel about your body in general?

Probes:

- About your present weight?
- How do you know/judge if you are over weight, underweight or just Ok?
- Does anything make you feel bad about your size and weight?
- Does anything make you feel good about your size and weight?
- How do others influence the way you feel about yourself?

- Do you feel pressure from important people in your life to control your weight? Why do you think they are concerned? How do you react to their comments and concerns?
- Does the way you feel about your body ever affect the decisions that you make? (Clothes, friends, etc…)

Now, specifically related to your work,

4. How would you describe the relationship between your work and how you feel about your body?

Probes:

- Have you always felt this way?
- Are there or have there ever been events that happen at work that have contributed to the image you have of your body?
- Do you feel pressure at work to maintain a certain image?
- What messages do people at work give you about your body?
- Do you think your current weight and size contributes to or hinders your success at work?
- Has the way you feel about your body ever contributed to decisions you have made regarding the direction of your career?
- If you gained 30 pounds would it affect your career?
- If you lost 20 pounds would it affect your career?

I would like to broaden the issue somewhat and ask you to speculate about women, body image and occupation in general.

5a. Describe for me the types of jobs where you think body image could play a role?

Probes:

- Examples
- Characteristics of these jobs
- Types of women in these jobs
- What do you think people expect women in these types of jobs to look like?

5b. Describe for me the types of jobs where you think body image does not play a role?

Probes:

- Examples
- Characteristics of these jobs
- Types of women in these jobs
- What do you think people expect women in these types of jobs to look like?

I would like to finish up this interview by asking you a series of quick questions that will help us link this information with the information collected in the first part of this study.

6. How old are you?

7. What is your relationship status?

8. How much formal education have you had?

9. Subjects will be given body size drawings and asked to select the figure that represents an approximation of their current figure, as well as one that represents an approximation of their ideal figure.

10. Is there anything else you would like to tell me? Is there anything else you feel is important related to body image and occupation for adult women?

11. **Do you have any questions for me?**

Thank you very much for your time. If you would like to receive a brief summary of the results of this study after it is completed you can fill out a card with your name and address and I will keep it separate from your other interview information.

Appendix 8
Interview Guide #2

Introduction – what am I interested in and why

How would you describe the type of person that you see yourself as?
- Personality
- Strengths/weaknesses

If I asked you to compare your personality in your personal life to your personality at work, what would the similarities be? Differences?

If body image is the subjective picture that we have of ourselves in our own minds, could you describe your body image or picture for me?

Looking at the big picture, what factors or events in your life have influenced this picture? – Good and bad (work or work environment, peers, family, society)

On a daily basis, what types of things influence how you see yourself? (At home, at work)

Does your body image ever play a role in the decisions that you make, either on a grand scale, or on a daily basis?

Thinking about your work environment, the type of work you do, and the people you interact with, what relationship, if any do you see between the way you feel about your body image and your occupation?
- Elaborate on any point they raise (describe work environment, co-workers, type of work)

How do you feel about society's role in influencing women's images of themselves?

Thinking back to the picture you described to me earlier, how does this picture you have of yourself compare to your ideal?

How does your ideal compare to what you perceive to be the societal ideal?

Do you feel there is a specific expectation or not about how you should look because of the type of job you have (training, education, status)?
- What is that image / why?
- Why do you think there is / isn't?
- Has this influenced your image of yourself / if you felt there was, would it influence your image of yourself

Do you think there are occupations, or work environments that could influence a woman's image of themselves?

- Examples
- Characteristics of these jobs
- Is there a societal expectation of the types of women in these jobs

Conversely, do you think there are jobs or occupations where there would probably be very little if any influence on a woman's image of herself?
- Examples
- Characteristics
- Is there a societal expectation of the types of women in these jobs

Are there any jobs you could imagine yourself in that might make you more or less conscious of your body image? (Examples, why)

Now that you know what my research is about, is there anything that I should have asked, but haven't?

Do you have any questions for me?

Appendix 9
Comparison of Body Image Themes in the Literature and in this Research

Theme	Findings from the Literature	Findings from this Research
Life Events	*Pregnancy* Garner & Kearney Cooke (1997) ▪ 1/3 of women (n = 3452) say that pregnancy itself is an important source of negative body feelings	*Pregnancy* Interview 7, p3, 96-98 ▪ The first time I found out I was pregnant… I couldn't wait for that little tummy to grow. By the time I had the last one, it was different, not quite so willing to be out there. Interview 13, p3, 92-94 ▪ The birth of a child at a young age - that was a total negative thing for my body image. Interview 2, p5, 2-6 ▪ If I have a child, I know I will be worrying… I'll want to be in shape and I'll want to look good after.
Daily Experiences	*Exercise* Garner & Kearney Cooke (1997) ▪ 44% of women said not exercising regularly contributed to body image dissatisfaction	*Exercise* Interview 12, p7, 280 ▪ I'd like to be more regular at the gym Interview 4, p6, 21-23 ▪ When I tend to feel better about the way I look, I tend to exercise and go to the gym. If I'm not feeling good… I'm not as likely to.
	The Mirror Garner & Kearney Cooke (1997) ▪ 44% of women say looking at their stomach	*The Mirror* Interview 4, p5, 1-2 ▪ Every time I wash my hands there is a mirror over my sink, so I have to

	in the mirror is instrumental in making them feel bad about their body ▪ 16% of women say looking at their face in the mirror is instrumental in making them feel bad about their body	look at myself. Interview 5, p6, 230-234 ▪ I see myself in a positive light except when I walk by a window and think, "Oh, who is that?" Interview 13, p5, 21-23 ▪ I look in the mirror and go, "Oh, my gosh!"… I have the most disgusting breasts on the face of the earth.
Messages (Teasing/ Negative Commentary)	Cash et al. (1986) ▪ Adults who were teased as children about their appearance are more likely to be dissatisfied with their appearance Thompson & Heinberg (1993) ▪ Negative verbal commentary is a predictor of body image dissatisfaction Akan & Grilo (1995) ▪ Frequency of being teased, specifically about weight and size is a predictor of body dissatisfaction and problematic eating behaviours	Interview 4, p5, 26-27 ▪ I was always overweight as a kid, so my peers would… tease me about that. Interview 8, p3, 112-114 ▪ When I was smaller my mom always talked about how fat I was. Interview 9, p9, 371-377 ▪ I had a grandma who would walk in the house… and say "Boy, you're getting fat." Interview 11, p14, 623-625 ▪ My boyfriend… would say, "Hey, you're not as fat as all my friends say."
Society	Thompson & Heinberg (1993) Stormer & Thompson (1996) ▪ Social comparison, or frequent comparison of self to an ideal is a predictor of body image dissatisfaction	Interview 9, p17, 749 ▪ It's like where's the magic ruler that says when you've hit the top? Interview 10, p8, 323-326 ▪ My friends that have poor self-esteem, they have poor self-esteem because they're looking at all these bodies on TV. I

		think society really forces people to have an unreal expectation of what they are going to look like. Interview 12, p2, 68-73 ▪ If you don't keep up with it (society's expectations) they make you feel like you're not doing good enough.